----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,962 MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED 01/29/04 AID CODE 10

50,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UN PER UNIT/DAY P		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,409	3,713 \$	66,962.87	\$ 18.03	.074 \$	47.53	\$ 1.34
DIAGNOSTIC AND ANC. PROCED	. 84	84	3,739.98	44.52	.002	44.52	.07
EYE APPLIANCES	1,016	2,905	50,141.98	17.26	.058	49.35	1.00
OTHER OPTOMETRIC SERVICES	475	724	13,080.91	18.07	.014	27.54	.26
@CHIROPRACTOR	70	120 \$	1,209.66	\$ 10.08	.002 \$	17.28	
	1						
VISITS		2	33.44	16.72	.000	33.44	.00
OTHER SERVICES	70	118	1,176.22	9.97	.002	16.80	.02
@PODIATRIST	673	1,382 \$	11,830.60	\$ 8.56	.028 \$	17.58	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	673	1,382	11,830.60	8.56	.028	17.58	.24
@HOME HEALTH AGENCY	1	2 \$	149.72	\$ 74.86	.000 \$	149.72	\$.00
NURSE ANESTHESIST	3	37 \$	93.11	\$ 2.52	.001 \$	31.04	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2 \$	59.09	\$ 29.55	.000 \$	59.09	\$.00
@TOTAL HOSPITAL	2,527	12,745 \$	2,096,429.42	\$ 164.49	.254 \$	829.61	\$ 41.80
HOSP INPATIENT TOTAL	768	3,376	1,904,990.76	564.27	.067	2480.46	37.98
HSC HOSPITALS	21	126	115,190.64	914.21	.003	5485.27	2.30
NON-HSC HOSPITAL TOTAL	135	704	1,299,140.90	1845.37	.014	9623.27	25.90
ACCOMMODATIONS	133	704	262,040.30	372.22	.014	1970.23	5.22
	3	15					
ADMINISTRATIVE DAYS			3,199.80	213.32	.000	1066.60	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	131	689	258,840.50	375.68	.014	1975.88	5.16
ANCILLARIES	135	0	1,037,100.60	.00	.000	7682.23	20.68
INPATIENT CROSSOVERS	616	2,546	490,659.22	192.72	.051	796.52	9.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,836	9,369	191,438.66	20.43	.187	104.27	3.82
MEDICAL	16	35	1,507.43	43.07	.001	94.21	.03
SURGERY	6	9	206.67	22.96	.000	34.45	.00
PATHOLOGY	36	162	1,606.62	9.92	.003	44.63	.03
RADIOLOGY	27	37	2,347.61	63.45	.001	86.95	.05
ROOM USE	20	114	1,304.85	11.45	.002	65.24	.03
CROSSOVERS/ALL OTH OUTPTNT	1,790	9,012	184,465.48	20.47	.180	103.05	3.68
@COUNTY HOSPITAL TOTAL	14	49 \$	3,647.59	\$ 74.44	.001 \$		
CO HOSPITAL INPATIENT TOTAL	2	2	3,230.00	1615.00	.000	1615.00	.06
HSC HOSPITALS	_ 1	2	2,390.00	1195.00	.000	2390.00	.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	1	0	840.00	.00	.000	840.00	.02
INPATIENT CROSSOVERS	1	0					
ALL OTHER INPATIENT	1.2	47	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13		417.59	8.88	.001	32.12	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	42.63	4.74	.000	42.63	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	38	374.96	9.87	.001	31.25	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 200	3 THRU DEC	2003	PAGE 16,963
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY		CES FOR CASH GRANT	- AGED	AID CODE 10			
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		OR DAYS OF CARE			ושמ	ס זואודייי / דאוז	PER ELIC	4	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,513	12,696	\$	2,092,781.83	\$	164.84	.253		832.78		41.73
COMM HOSP INPATIENT TOTAL	766	3,374	τ.	1,901,760.76	τ	563.65	.067	τ.	2482.72	Υ	37.92
HSC HOSPITALS	20	124		112,800.64		909.68	.002		5640.03		2.25
NON-HSC HOSPITALS TOTAL	135	704		1,299,140.90		1845.37	.014		9623.27		25.90
ACCOMMODATIONS	133	704		262,040.30		372.22	.014		1970.23		5.22
ADMINISTRATIVE DAYS	3	15		3,199.80		213.32	.000		1066.60		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	131	689		258,840.50		375.68	.014		1975.88		5.16
ANCILLARIES	135	0		1,037,100.60		.00	.000		7682.23		20.68
INPATIENT CROSSOVERS	615	2,546		489,819.22		192.39	.051		796.45		9.77
ALL OTHER INPATIENT	0	. 0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,823	9,322		191,021.07		20.49	.186		104.78		3.81
MEDICAL	16	35		1,507.43		43.07	.001		94.21		.03
SURGERY	6	9		206.67		22.96	.000		34.45		.00
PATHOLOGY	35	153		1,563.99		10.22	.003		44.69		.03
RADIOLOGY	27	37		2,347.61		63.45	.001		86.95		.05
ROOM USE	20	114		1,304.85		11.45	.002		65.24		.03
CROSSOVERS/ALL OTH OUTPTNT	1,778	8,974		184,090.52		20.51	.179		103.54		3.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	581	13,589	\$	2,009,297.95	\$	147.86	.271	\$	3458.34	\$	40.06
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	14	455		263,902.15		580.00	.009		18850.15		5.26
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	569	13,134		1,745,395.80		132.89	.262		3067.48		34.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4	.00	4	.00	.000	4	.00	4	.00
@HEMODIALYSIS TOTAL	234	358	\$	139,508.76	\$	389.69	.007	\$	596.19	\$	2.78
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	234 0	358	4	139,508.76	Ċ.	389.69	.007	4	596.19	ė.	2.78
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	209	468	\$	4,368.52	\$	9.33	.009	\$	20.90	\$.09
PATHOLOGY	54	158	Ą	2,400.71	Ą	15.19	.003	Ą	44.46	Ą	.05
XO AND OTHERS	155	310		1,967.81		6.35	.006		12.70		.04
@ORGANIZED OUTPATIENT CLINIC	5,333	9,078	\$	388,683.76	\$	42.82	.181	\$	72.88	\$	7.75
CLINIC CLINIC	2	2	Ų	449.40	Y	224.70	.000	Ų	224.70	Ÿ	.01
SURGICENTER	125	161		23,598.25		146.57	.003		188.79		.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5,228	8,915		364,636.11		40.90	.178		69.75		7.27
#CALIF DEPT OF HEALTH SERV	•		ES I	MONTH-OF-PAYMENT RE	EPOR			DEC		P	AGE 16,964
MOP024	FEE-FOR-SERVICE		-								01/29/04
TULARE COUNTY		ICES FOR CASH GR	ANT	- AGED		AID CODE	10				
							M	IONT	HLY AVERA	GE	
50,156 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	7,120	659,679	\$	1,110,641.39	\$	1.68	13.153	\$	155.99	\$	22.14
DURABLE MED. EQUIP.	250	975		131,121.29		134.48	.019		524.49		2.61
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	329	475		98,943.26		208.30	.009		300.74		1.97
MEDICAL TRANSPORTATION	648	46,744		157,996.91		3.38	.932		243.82		3.15
AMBULANCES/AIR TRANS	60 E0E	547		7,745.21		14.16	.011		129.09		.15
OTHER TRANS	505	44,896		143,881.33		3.20	.895		284.91		2.87

OTHER SERVICES	113	1,301	6,370.37	4.90	.026	56.37	.13
ACUPUNCTURE	13	17	383.84	22.58	.000	29.53	.01
ADULT DAY HEALTH CARE CTR	32	440	30,395.06	69.08	.009	949.85	.61
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	626	4,590	256,881.17	55.97	.092	410.35	5.12
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,517	3,434	46,863.34	13.65	.068	30.89	.93
PHYSICAL THERAPIST	1	14	17.10	1.22	.000	17.10	.00
PORTABLE X-RAY	23	39	45.04	1.15	.001	1.96	.00
PROSTHETIST/ORTHOTISTS	67	204	3,698.05	18.13	.004	55.19	.07
PROSTHETICS	67	204	3,698.05	18.13	.004	55.19	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	3	.93	.31	.000	.47	.00
SPEECH AND AUDIOLOGY	216	408	38,143.49	93.49	.008	176.59	.76
HOSPICE SERVICES	16	476	52,570.91	110.44	.009	3285.68	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,216	601,859	293,476.00	.49	12.000	69.61	5.85
@CALIF. CHILDREN SERVICES*	2	3 \$	80.78	\$ 26.93	.000	\$ 40.39	\$.00
@XOVER EXCLUDING STATE HOSP**	13,510	97,622	1,733,201.03	\$ 17.75	1.946	\$ 128.29	\$ 34.56
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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,965
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----4,267 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 8.90 3,617 102.767 \$ 1078.42 \$ 914.15 @TOTAL, ALL PROVIDERS 438,505 3,900,660.68 1,102 5,663 130,923.49 23.12 1.327 \$ 118.81 \$ @PHYSICIANS SERVICES 30.68 OUTPATIENT VISITS 360 502 21,673.18 43.17 .118 60.20 5.08 OFFICE VISITS 251 322 10,183.54 31.63 .075 40.57 2.39 1 51.60 51.60 HOME VISITS 1 51.60 .000 .01 67.66 .035 90.42 EMERGENCY ROOM 113 151 10,217.00 2.39 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 0 0 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 OTHER OUTPATIENT 23 28 1,221.04 43.61 .007 53.09 . 29 73 INPATIENT VISITS 473 16,035.69 33.90 .111 219.67 3.76 204.45 HOSPITAL VISITS 450 14,107.25 31.35 .105 3.31 15 1,818.84 121.26 .004 363.77 CRITICAL CARE .43 SNF/ICF/TRANS IP CARE 8 109.60 13.70 .002 54.80 .03 OPHTHALMOLOGICAL SERVICES 87 3,558.32 40.90 .020 60.31 .83 40.80 .020 EXAMINATIONS 3,509.02 SERVICES AND MATERIALS 1 1 49.30 49.30 .000 49.30 .01 29 10,386.37 INPATIENT HOSPITAL SURGERY 116 89.54 .027 358.15 2.43 PRINCIPAL SURGEON 33 8,310.41 251.83 .008 361.32 1.95 ASSISTANT SURGEON 0 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 11 83 2,075.96 25.01 .019 188.72 .49 OUTPATIENT SURGERY 50 142 117.56 .033 333.86 16,693.12 3.91 PRINCIPAL SURGEON 52 14,437.62 277.65 .012 343.75 3.38 .05 ASSISTANT SURGEON 1 1 223.38 223.38 .000 223.38 89 2,032.12 22.83 .021 184.74 ANESTHESIOLOGIST .48 306.35 DIALYSIS 41 167 12,560.27 75.21 .039 2.94 47 PATHOLOGY 62 671.84 10.84 .015 14.29 .16 343 11,673.94 .080 RADIOLOGY 156 34.03 74.83 2.74 **PSYCHIATRY** 0 0 .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	11 658	13 3,758	3,333.65 34,337.11	256.43 9.14	.003 .881	303.06 52.18	.78 8.05
@PHARMACY	2,962	91,106	\$ 1,197,553.40	\$ 13.14	21.351	\$ 404.31	\$ 280.65
PRESCRIPTION DRUGS	2,907	13,308	1,118,016.29	84.01	3.119	384.59	262.01
SNF/ICF	53	412	23,321.15	56.60	.097	440.02	5.47
OUTPATIENTS	2,862	12,896	1,094,695.14	84.89	3.022	382.49	256.55
MEDICAL SUPPLIES	725	77,798	79,537.11	1.02	18.232	109.71	18.64
@DENTIST	133	576	\$ 24,395.39	\$ 42.35	.135	\$ 183.42	\$ 5.72
VISITS - DIAGNOSTIC	85	325	3,978.32	12.24	.076	46.80	.93
ORAL SURGERY	19	72	3,479.00	48.32	.017	183.11	.82
DRUGS	1	2	30.00	15.00	.000	30.00	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.05
PERIODONTICS	16	19	1,449.00	76.26	.004	90.56	.34
ENDODONTICS	3	3	850.00	283.33	.001	283.33	.20
RESTORATIVE DENTISTRY	27	73	5,019.00	68.75	.017	185.89	1.18
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.01

DENTURES, STAYPLATES	25	71	9,227.00	129.96	.017	369.08	2.16
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2003 THRU DI	EC 2003	PAGE 16,966
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	Γ - BLIND	AID CODE	20		
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TULARE COUNTY	SUMMARY OF SERV	JICES FOR CASH G	RANT -	BLIND	AID CODE	20			
						MON	THLY AVERAC	GE .	
4.267 ELIGIBLES	USERS	UNITS OF SERVICE	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
1,20, 22101222	02210	OR DAVS OF CAR	F.		DER INTT/DAY	DER ELIG	IISER		ELIGIBLE
@ODTOMETP I ST	75	221	Ġ	6 539 24	¢ 20 50	052 ¢	97 19	Ġ.	1 53
DIACNOCTIC AND AND DROCED	7.0	20	Ÿ	1 524 26	F1 1E	007	5/ 00	Y	26
EVE ADDITANCES	20 60	167		1,334.30	20.13	.007	70.00		1 11
FIE APPLIANCES	1.4	107		4,744.75	40.41 10.04	.039	19.00		1.11
OTHER OPTOMETRIC SERVICES	14	24	à	200.13	10.84	.006	18.58	4	.06
@CHIROPRACTOR	1	Ţ	Ş	7.76	\$ 7.76	.000 \$	7.76	Ş	.00
VISITS	0	0		.00	00	.000	.00		.00
OTHER SERVICES	1	1		7.76	7.76	.000	7.76		.00
@PODIATRIST	101	216	\$	2,059.63	\$ 9.54	.051 \$	20.39	\$. 48
MEDICINE/INJECTIONS	15	16		450.40	28.15	.004	30.03		.11
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	1	2		22.49	11.25	.000	22.49		.01
OTHER	87	198		1,586.74	8.01	.046	18.24		.37
@HOME HEALTH AGENCY	29	2,044	\$	63,477.42	\$ 31.06	.479 \$	2188.88	\$	14.88
NURSE ANESTHESIST	2	. 38	S	163.79	\$ 4.31	.009 s	81.90	Ė	.04
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000 \$.00	Š	. 00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	0.0	\$ 00	000 \$	00	Š	0.0
FAMILY NURSE DRACTITIONER	0	0	Š	00	\$ 00	000 \$		Š	00
MTOTAL HOSDITAL	493	2 948	Ġ	755 462 51	\$ 256.26	691 ¢	1532 38	Ġ	177 05
WIOCD INDATIFME TOTAL	110	600	Ÿ	600 014 25	1124 56	140	6150 06	Y	161 66
HOSP INPALLENT TOTAL	112	606		06 001 60	1134.50	.142	0139.00		101.00
HSC HOSPITALS	9	240		80,801.08	1440.09	.014	9044.03		20.34
NON-HSC HOSPITAL TOTAL	53	340		561,1/4.58	1650.51	.080	10588.20		131.52
ACCOMMODATIONS	53	340		124,005.00	364.72	.080	2339.72		29.06
ADMINISTRATIVE DAYS	Ţ	2		462.60	231.30	.000	462.60		. 11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	52	338		123,542.40	365.51	.079	2375.82		28.95
ANCILLARIES	53	0		437,169.58	.00	.000	8248.48		102.45
INPATIENT CROSSOVERS	51	208		41,838.09	201.14	.049	820.35		9.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	421	2,340		65,648.16	28.05	.548	155.93		15.39
MEDICAL	77	113		7,040.69	62.31	.026	91.44		1.65
SURGERY	36	42		4,483.83	106.76	.010	124.55		1.05
PATHOLOGY	183	865		10.142.66	11.73	.203	55.42		2.38
RADIOLOGY	104	151		13 247 94	87 73	035	127 38		3 10
ROOM USE	148	230		10 288 96	44 73	054	69 52		2 41
CROSSOVERS / ALL OTH OUTDINT	215	939		20 444 08	21 77	220	95 09		4 79
@COINTY HOSDITAL TOTAL	213	98	Ċ	9 090 26	¢ 92.76	.220	1136 28	Ċ	2.75
CO HOCDITAL INDATIFAT TOTAL	1	70	Y	5,000.20	1250 00	001	5400.20	Y	1 27
UCC HOSPITAL INPALLENT TOTAL	1	4		5,400.00	1350.00	001	5400.00		1 27
USC HOSPITALS	1	4		5,400.00	1350.00	.001	5400.00		1.27
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	8	94		3,690.26	39.26	.022	461.28		.86
MEDICAL	3	8		252.74	31.59	.002	84.25		.06
TULARE COUNTY 4,267 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS CO HOSPITALS NON-HSC HOSPITALS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL									

SURGERY	3	4		1,703.61		425.90	.001	567.87		. 40
PATHOLOGY	4	52		598.49		11.51	.012	149.62		.14
RADIOLOGY	2	3		110.75		36.92	.001	55.38		.03
ROOM USE	6	22		987.52		44.89	.005	164.59		.23
CROSSOVERS/ALL OTH OUTPTNT	3	5		37.15		7.43	.001	12.38		.01
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC 2003	P	AGE 16,967
MOP024	FEE-FOR-SERVICE/									01/29/04
TULARE COUNTY	SUMMARY OF SERVIO	CES FOR CASH G	RANT -	- BLIND		AID CODE	20			
							-	NTHLY AVERA	_	
4,267 ELIGIBLES	USERS (UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAR			PER	UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	486	2,850	\$	746,372.25	\$	261.89	.668		\$	174.92
COMM HOSP INPATIENT TOTAL	111	604		684,414.35		1133.14	.142	6165.90		160.40
HSC HOSPITALS	8	56		81,401.68		1453.60	.013	10175.21		19.08
NON-HSC HOSPITALS TOTAL	53	340		561,174.58		1650.51	.080	10588.20		131.52
ACCOMMODATIONS	53	340		124,005.00		364.72	.080	2339.72		29.06
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000	462.60		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	52	338		123,542.40		365.51	.079	2375.82		28.95
ANCILLARIES	53	0		437,169.58		.00	.000	8248.48		102.45
INPATIENT CROSSOVERS	51	208		41,838.09		201.14	.049	820.35		9.81
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	414	2,246		61,957.90		27.59	.526	149.66		14.52
MEDICAL	74	105		6,787.95		64.65	.025	91.73		1.59
SURGERY	34	38		2,780.22		73.16	.009	81.77		.65
PATHOLOGY	179	813		9,544.17		11.74	.191	53.32		2.24
RADIOLOGY	102	148		13,137.19		88.76	.035	128.80		3.08
ROOM USE	142	208		9,301.44		44.72	.049	65.50		2.18
CROSSOVERS/ALL OTH OUTPTNT	212	934		20,406.93		21.85	.219	96.26		4.78
@STATE HOSPITAL	48	1,460	\$	707,269.06	\$	484.43		\$ 14734.77	\$	165.75
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	.00	Υ	.00
DEVELOP. DISABLED	48	1,460		707,269.06		484.43	.342	14734.77		165.75
@NURSING FACILITY	51	1,170	\$	176,593.53	Ġ	150.93		\$ 3462.62	Ś	41.39
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	2	24		13,921.68		580.07	.006	6960.84		3.26
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		13,921.00		.00	.000	.00		.00
	50									
LEV B-REGULAR	50 21	1,146	٠,	162,671.85	۲.	141.95 181.84	.269	3253.44 \$ 5342.60	Ś	38.12 26.29
@INTERMEDIATE CARE FACILDD	0	617 0	\$	112,194.61	\$				Þ	
ICF DDH	0	_		.00		.00	.000	.00		.00
ICF DD	•	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	21	617		112,194.61		181.84	.145	5342.60	_	26.29
@HEMODIALYSIS TOTAL	217	4,667	\$	210,281.39	\$	45.06	1.094	\$ 969.04	\$	49.28

143 820 9,745.63 .192 \$ 68.15 \$ 2.28 @LABORATORY FACILITY 11.88 .187 PATHOLOGY 128 798 9,617.22 12.05 75.13 2.25 XO AND OTHERS 15 22 128.41 5.84 .005 8.56 .03 @ORGANIZED OUTPATIENT CLINIC 737 1,388 105,176.46 75.78 .325 \$ 142.71 \$ 24.65 CLINIC 6 8 617.78 77.22 .002 102.96 .14 7 1,348.49 53.94 .006 192.64 SURGICENTER .32 .00 .00 .00 .000 .00 HEROIN DETOX CLINIC 727 RURAL HEALTH CLINIC 1,355 103,210.19 76.17 .318 141.97 24.19 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,968

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MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

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HOSPITAL BASED

HEMODIALYSIS CENTER

@REHABILITATION FACILITY HOSPITAL BASED

INDEPENDENT FACILITY

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01/29/04

					MON	THLY AVERA	GE
4,267 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,010	325,538 \$	398,228.58	\$ 1.22	76.292	394.29	\$ 93.33
DURABLE MED. EQUIP.	91	974	84,662.71	86.92	.228	930.36	19.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	30	7,174.47	239.15	.007	341.64	1.68
MEDICAL TRANSPORTATION	282	36,410	135,620.69	3.72	8.533	480.92	31.78
AMBULANCES/AIR TRANS	69	757	11,718.61	15.48	.177	169.83	2.75
OTHER TRANS	219	35,767	123,858.92	3.46	8.382	565.57	29.03
OTHER SERVICES	7	114CR	43.16	.38CR	.027CR	6.17	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	102	644	41,670.77	64.71	.151	408.54	9.77
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	95	256	8,909.73	34.80	.060	93.79	2.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	35	1,374.39	39.27	.008	85.90	.32
PROSTHETICS	16	35	1,374.39	39.27	.008	85.90	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	24	3,781.90	157.58	.006	236.37	.89
HOSPICE SERVICES	6	212	23,690.09	111.75	.050	3948.35	5.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	6,109	34,809.33	5.70	1.432	511.90	8.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	542	280,844	56,534.50	.20	65.818	104.31	13.25
@CALIF. CHILDREN SERVICES*	113	20,969 \$	171,235.50	\$ 8.17	4.914	1515.36	\$ 40.13
@XOVER EXCLUDING STATE HOSP**	1,044	14,713 \$	229,676.03	\$ 15.61	3.448	220.00	\$ 53.83
@* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPAR <i>i</i>	ATE INFORMATION ITEM O	NLY;				
THE AMOUNTS ARE ALREADY INCLUD	ED IN THE APP	PROPRIATE DETAIL LINES	B ABOVE.				
** THESE DATA ARE INCLUDED IN TH	E APPROPRIATE	E DETAIL LINES ABOVE.					
							16 060

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,969 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL TULARE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

130,094 ELIGIBLES @TOTAL, ALL PROVIDERS	USERS	UNITS OF SERVICE	EXPENDITURES		_	ITHLY AVERA	_
,	USERS	UNITS OF SERVICE	PADEMDIANTO				
@TOTAL, ALL PROVIDERS			FYLFINDIIOKES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@TOTAL, ALL PROVIDERS		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
	116,584	7,591,079 \$	102,092,980.97	\$ 13.45	58.351 \$	875.70	\$ 784.76
@PHYSICIANS SERVICES	31,167	123,621 \$	3,977,470.40	\$ 32.17	.950 \$	127.62	\$ 30.57
OUTPATIENT VISITS	14,811	21,393	898,439.36	42.00	.164	60.66	6.91
OFFICE VISITS	9,202	12,503	392,944.40	31.43	.096	42.70	3.02
HOME VISITS	100	132	5,396.86	40.89	.001	53.97	.04
EMERGENCY ROOM	5,027	6,443	409,995.99	63.63	.050	81.56	3.15
PREVENTIVE CARE	5	5	279.99	56.00	.000	56.00	.00
OB VISITS/COMPRE PERI	65	326	8,378.57	25.70	.003	128.90	.06
OTHER OUTPATIENT	1,483	1,984	81,443.55	41.05	.015	54.92	.63
INPATIENT VISITS	2,148	10,283	546,658.28	53.16	.079	254.50	4.20
HOSPITAL VISITS	1,800	8,817	401,438.01	45.53	.068	223.02	3.09
CRITICAL CARE	153	723	116,462.14	161.08	.006	761.19	.90
SNF/ICF/TRANS IP CARE	352	743	28,758.13	38.71	.006	81.70	.22
OPHTHALMOLOGICAL SERVICES	443	594	24,885.88	41.90	.005	56.18	.19
EXAMINATIONS	440	589	24,800.88	42.11	.005	56.37	.19
SERVICES AND MATERIALS	5	5	85.00	17.00	.000	17.00	.00
INPATIENT HOSPITAL SURGERY	982	5,342	474,099.60	88.75	.041	482.79	3.64
PRINCIPAL SURGEON	750	1,198	368,709.71	307.77	.009	491.61	2.83
HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY	1,800 153 352 443 440 5 982	8,817 723 743 594 589 5	401,438.01 116,462.14 28,758.13 24,885.88 24,800.88 85.00 474,099.60	45.53 161.08 38.71 41.90 42.11 17.00 88.75	.068 .006 .006 .005 .005 .000	223.02 761.19 81.70 56.18 56.37 17.00 482.79	

ASSISTANT SURGEON	51	54		12,280.31		227.41	.000		240.79		.09
ANESTHESIOLOGIST	335	4,090		93,109.58		22.77	.031		277.94		.72
OUTPATIENT SURGERY	1,767	3,934		351,154.76		89.26	.030		198.73		2.70
PRINCIPAL SURGEON	1,501	1,913		301,862.15		157.80	.015		201.11		2.32
ASSISTANT SURGEON	4	4		516.11		129.03	.000		129.03		.00
ANESTHESIOLOGIST	348	2,017		48,776.50		24.18	.016		140.16		.37
DIALYSIS	201	659		61,662.47		93.57	.005		306.78		.47
PATHOLOGY	1,973	4,711		44,777.27		9.50	.036		22.70		.34
RADIOLOGY	6,480	13,581		412,987.86		30.41	.104		63.73		3.17
PSYCHIATRY	6	13		422.20		32.48	.000		70.37		.00
IMMUNIZATION AND INJECTION		8,696		327,244.96		37.63	.067		521.92		2.52
OTHER SERVICES/ALL X-OVERS		54,415		835,137.76		15.35	.418		59.47		6.42
@PHARMACY	88,430	1,457,425	\$	34,333,413.35	\$	23.56	11.203	\$	388.26	\$	263.91
PRESCRIPTION DRUGS	86,977	400,893		32,510,335.20		81.09	3.082		373.78		249.90
SNF/ICF	1,852 85,336	14,543		991,371.84		68.17	.112		535.30		7.62
OUTPATIENTS	85,336	386,350		31,518,963.36		81.58	2.970		369.35		242.28
MEDICAL SUPPLIES	12,370	1,056,532		1,823,078.15		1.73	8.121		147.38		14.01
@DENTIST	8,303	42,600	\$		\$	38.47	.327	Ş	197.38	Ş	12.60
VISITS - DIAGNOSTIC	5,551	26,821		290,321.41		10.82	.206		52.30		2.23
ORAL SURGERY	1,306 11	3,684 24		202,846.78		55.06 9.38	.028		155.32 20.45		1.56
DRUGS	147			225.00		9.38 75.44	.000				.00
ANESTHESIA	998	188 1,140		14,182.00 131,910.10		115.71	.001 .009		96.48 132.17		.11 1.01
PERIODONTICS ENDODONTICS	517	757		158,147.00		208.91	.009		305.89		1.22
ENDODONTICS RESTORATIVE DENTISTRY	2,366	6,566		503,990.96		76.76	.050		213.01		3.87
PROSTHETICS	2,366	62		2,061.00		33.24	.000		34.35		.02
DENTURES, STAYPLATES	876	2,629		290,658.69		110.56	.020		331.80		2.23
SPACE MAINTAINERS	11	13		1,137.00		87.46	.000		103.36		.01
MAXILLOFACIAL SERVICES	138	156		15,141.14		97.06	.001		103.30		.12
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.01
THICTORES, DISEOCHITONS				000.00					000.00		
ORTHODONTIC SERVICES	225	276		27 423 00		99 36	002		121 88		21
ORTHODONTIC SERVICES	225 247	276 283		27,423.00		99.36	.002		121.88		.21
ALL OTHER SERVICES	247	283	ES MC	.00	ZPORT	.00	.002	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	247 MEDI-CAL SERVIO	283 CES AND EXPENDITUR	ES MC	.00	EPORT	.00	.002	DEC	.00	P	.00 AGE 16,970
ALL OTHER SERVICES	247 MEDI-CAL SERVICE FEE-FOR-SERVICE	283 CES AND EXPENDITUR: E/DENTAL		.00 NTH-OF-PAYMENT RE	EPORT	.00	.002 2003 THRU	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	247 MEDI-CAL SERVICE FEE-FOR-SERVICE	283 CES AND EXPENDITUR		.00 NTH-OF-PAYMENT RE	EPORT	.00 r for jan :	.002 2003 THRU		2003		.00 AGE 16,970 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	247 MEDI-CAL SERVICE FEE-FOR-SERVICE	283 CES AND EXPENDITUR: E/DENTAL	ANT -	.00 NTH-OF-PAYMENT RE		.00 r for jan :	.002 2003 THRU 60	ONT	.00 2003 HLY AVERA	GE ·	.00 AGE 16,970 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	283 CES AND EXPENDITUR: E/DENTAL /ICES FOR CASH GR.	ANT -	.00 NTH-OF-PAYMENT RI	AVE	.00 F FOR JAN : AID CODE	.002 2003 THRU 60 M UNITS/DAY	ONT S	.00 2003 HLY AVERA	GE (.00 AGE 16,970 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,534	283 CES AND EXPENDITUR: E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE	ANT -	.00 NTH-OF-PAYMENT RI	AVE	.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60	.002 2003 THRU 60 M UNITS/DAY	ONT S	.00 2003 HLY AVERA COST PER USER 59.99	GE (.00 AGE 16,970 01/29/04 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,534 1,664	283 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE	ANT -	.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71	AVE PEF	.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013	ONT S	.00 2003 HLY AVERA COST PER USER 59.99 46.98	GE (.00 AGE 16,970 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594	283 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 9,815	ANT -	.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78	AVE PEF	.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057	ONT S	.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90	GE (.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480	283 CES AND EXPENDITURED TO THE PROPERTY OF CASH GRAMMER OF DAYS OF CARE 9,815 1,715 7,371 729	ANT -	.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006	ONT S \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38	GE -	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554	283 CES AND EXPENDITURE E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979	ANT -	.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59	AVE PEF	.00 F FOR JAN : AID CODE ERAGE COST UNIT/DAY 21.60 45.58 16.50 16.71 16.53	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008	ONT S \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21	GE -	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472	283 CES AND EXPENDITURE E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859	ANT -	.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008	ONT S \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36	GE -	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83	283 CES AND EXPENDITURE E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120	ANT - \$ \$.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33	GE ;	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493	283 CES AND EXPENDITURE E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031	ANT -	.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91	GE ;	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358	283 CES AND EXPENDITURE E/DENTAL FICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401	ANT - \$ \$.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68	GE ;	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23	283 CES AND EXPENDITURE E/DENTAL FICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25	ANT - \$ \$.00 ONTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12	GE ;	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41	283 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60	ANT - \$ \$.00 ONTH-OF-PAYMENT RESERVED ITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09	GE ;	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120	283 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545	**************************************	.00 ONTH-OF-PAYMENT RESERVED ITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01	AVE PEF \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57	GE (.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .01 .19
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607	283 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986	**************************************	.00 ONTH-OF-PAYMENT RESERVED ITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63	AVE PEF \$ \$.00 F FOR JAN AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084	ONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28	GE - () 1	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .19 3.40
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29	283 CES AND EXPENDITURE E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252	**************************************	.00 ONTH-OF-PAYMENT RESERVED ITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04	AVE PEF \$ \$ \$.00 F FOR JAN : AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29 10.53	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084 .002	ONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48	GE	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .19 3.40 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29 0	283 CES AND EXPENDITURE E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252 0	ANT - \$ \$ \$ \$ \$ \$ \$ \$.00 ONTH-OF-PAYMENT REDISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04	AVE PEF \$ \$ \$ \$.00 F FOR JAN AID CODE ERAGE COST UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29 10.53 .00	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084 .002 .000	ONT	.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48	GE - () 1	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .19 3.40 .02 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29 0	283 CES AND EXPENDITURE E/DENTAL /ICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252 0	ANT - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 ONTH-OF-PAYMENT RESERVED ITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04 .00 .00	AVE PEF \$ \$ \$ \$.00 F FOR JAN AID CODE ERAGE COST UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 93 40.29 10.53 .00 .00	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .000 .020 .084 .002 .000 .000 .000	ONT S \$ \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48 .00	GE S S S S SSSS	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .19 3.40 .02 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29 0 0 29	283 CES AND EXPENDITURE E/DENTAL FICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252 0 0 73	ANT - \$ \$ \$ \$ \$\$\$\$\$\$.00 ONTH-OF-PAYMENT RESERVED ITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04 .00 .00 1,773.38	AVE PEF \$ \$ \$ \$.00 F FOR JAN AID CODE ERAGE COST R UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29 10.53 .00 .00 24.29	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084 .002 .000 .000 .000 .000 .000 .000 .00	ONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48 .00 .00 61.15	GE S S S S SSSSSSS	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .19 3.40 .02 .00 .00 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29 0 0 29 17,591	283 CES AND EXPENDITURE E/DENTAL FICES FOR CASH GR. UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252 0 0 73 114,140	ANT - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 DNTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04 .00 1,773.38 23,011,578.32	AVER S S SSSSS	.00 F FOR JAN AID CODE ERAGE COST VNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29 10.53 .00 24.29 201.61	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084 .002 .000 .000 .020 .084 .002 .000 .001 .877	ONT S \$ \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48 .00 .00 61.15 1308.14	GE S S S S SSSS	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .01 .19 3.40 .02 .00 .00 .01 176.88
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29 0 0 29 17,591 2,476	283 CES AND EXPENDITURE E/DENTAL FICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252 0 0 73 114,140 14,592	ANT - \$ \$ \$ \$ \$\$\$\$\$\$.00 DNTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04 .00 1,773.38 23,011,578.32 20,142,401.64	AVEPEF\$\$\$\$\$\$\$\$\$\$\$\$\$.00 F FOR JAN AID CODE ERAGE COST UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29 10.53 .00 24.29 201.61 1380.37	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084 .002 .000 .000 .000 .000 .000 .001 .877 .112	ONT OS S S S SSSSS	.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48 .00 .00 61.15 1308.14 8135.06	GE S S S S SSSSSSS	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .01 .19 3.40 .02 .00 .00 .01 176.88 154.83
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29 0 29 17,591 2,476 405	283 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252 0 0 73 114,140 14,592 3,260	ANT - \$ \$ \$ \$ \$\$\$\$\$\$.00 DNTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04 .00 .00 1,773.38 23,011,578.32 20,142,401.64 4,871,038.94	AVEF \$ \$ \$ \$ \$.00 F FOR JAN AID CODE ERAGE COST UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29 10.53 .00 24.29 201.61 1380.37 1494.18	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084 .002 .000 .000 .000 .000 .001 .877 .112 .025	ONT ONS \$ \$ \$ \$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48 .00 61.15 1308.14 8135.06 12027.26	GE S S S S SSSSSSS	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .19 3.40 .02 .00 .00 .01 176.88 154.83 37.44
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 130,094 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	247 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,534 1,664 2,594 480 554 472 83 1,493 358 23 41 1,120 607 29 0 0 29 17,591 2,476	283 CES AND EXPENDITURE E/DENTAL FICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 9,815 1,715 7,371 729 979 859 120 3,031 401 25 60 2,545 10,986 252 0 0 73 114,140 14,592	ANT - \$ \$ \$ \$ \$\$\$\$\$\$.00 DNTH-OF-PAYMENT RE DISABLED EXPENDITURES 212,002.55 78,173.71 121,646.78 12,182.06 16,181.59 14,328.59 1,853.00 38,685.80 11,342.32 1,359.70 700.77 25,283.01 442,672.63 2,653.04 .00 1,773.38 23,011,578.32 20,142,401.64	AVEF \$ \$ \$ \$ \$.00 F FOR JAN AID CODE ERAGE COST UNIT/DAY 21.60 45.58 16.50 16.71 16.53 16.68 15.44 12.76 28.29 54.39 11.68 9.93 40.29 10.53 .00 24.29 201.61 1380.37	.002 2003 THRU 60 M UNITS/DAY PER ELIG .075 .013 .057 .006 .008 .007 .001 .023 .003 .000 .000 .020 .084 .002 .000 .000 .000 .000 .000 .001 .877 .112	ONT ONS \$ \$ \$ \$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 59.99 46.98 46.90 25.38 29.21 30.36 22.33 25.91 31.68 59.12 17.09 22.57 729.28 91.48 .00 .00 61.15 1308.14 8135.06	GE S S S S SSSSSSS	.00 AGE 16,970 01/29/04 COST PER ELIGIBLE 1.63 .60 .94 .09 .12 .11 .01 .30 .09 .01 .01 .19 3.40 .02 .00 .00 .01 176.88 154.83

ADMINISTRATIVE DAYS	30	153	34,461.88	225.24	.001	1148.73	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,268	7,616	3,116,462.69	409.20	.059	2457.78	23.96
ANCILLARIES	1,303	0	11,455,624.59	.00	.000	8791.73	88.06
INPATIENT CROSSOVERS	796	3,563	664,813.54	186.59	.027	835.19	5.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15,871	99,548	2,869,176.68	28.82	.765	180.78	22.05
MEDICAL	3,601	6,998	295,997.20	42.30	.054	82.20	2.28
SURGERY	1,248	1,700	112,662.90	66.27	.013	90.27	.87
PATHOLOGY	7,024	35,828	426,041.71	11.89	.275	60.66	3.27
RADIOLOGY	4,781	7,357	551,578.07	74.97	.057	115.37	4.24
ROOM USE	6,921	10,910	456,128.02	41.81	.084	65.90	3.51
CROSSOVERS/ALL OTH OUTPINT	7,554	36,755	1,026,768.78	27.94	.283	135.92	7.89
@COUNTY HOSPITAL TOTAL	173	937	\$ 115,676.06	\$ 123.45	.007	\$ 668.65	\$.89
CO HOSPITAL INPATIENT TOTAL	13	102	92,432.00	906.20	.001	7110.15	.71
HSC HOSPITALS	12	70	88,765.00	1268.07	.001	7397.08	.68

NON-HSC HOSPITALS TOTAL	1	1		2,855.00	2855.00	.000	2855.00		.02
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	1	1 1 0 0 0 31 0 835 113 18 327 38		231.30	231.30	.000	231.30		.00
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		2,623.70	.00	.000	2623.70		.02
INPATIENT CROSSOVERS	1	31		812.00	26.19	.000	812.00		.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	166	835		23,244.06	27.84	.006	140.02		.18
MEDICAL		113		3,806.90	27.84 33.69 176.29 11.35	.001	140.02 49.44 352.58 74.23 111.48 59.58		.03
SURGERY	9	18		3,173.18	176.29	.000	352.58		.02
PATHOLOGY	50	327		3,711.61	11.35	.003	74.23		.03
RADIOLOGY	30	38		3,344.30	88.01	.000	111.48		.03
ROOM USE	101	157		6,017.53	38.33	.001	59.58		.05
CROSSOVERS/ALL OTH OUTPTNT	43	182		3,190.54	17.53	.001	74.20		.02
#CALIF DEPT OF HEALTH SERV			S MC	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU I	DEC 2003	P	AGE 16,971
MOP024	FEE-FOR-SERVICE								01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAI	NT -	- DISABLED	AID CODE				
							ONTHLY AVERA		
130,094 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE	\$		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17,447	113,203	\$	22,895,902.26	\$ 202.26	.870	\$ 1312.31	\$	
	2,463	14.490		20,049,969.64	1383.71	.111	8140.47		154.12
HSC HOSPITALS	393	3,190 7,768		4,782,273.94	1383.71 1499.15 1879.98 405.60 225.20	.025	12168.64		36.76
NON-HSC HOSPITALS TOTAL	1,305	7,768		14,603,694.16	1879.98	.060	11190.57		112.25
ACCOMMODATIONS	1,283	7,768		3,150,693.27	405.60	.060	2455.72		24.22
ADMINISTRATIVE DAYS	29	7,768 152 0		34,230.58	225.20	.001	1180.36		.26
TRANSITIONAL IP CARE	0	0		.00	.00	. 0 0 0	.00		.00
ALL OTHER ACCOM	1,268	7,616		3,116,462.69	409.20	.059	2457.78		23.96
ANCILLARIES	1,302	0 3,532		11,453,000.89	.00	.000	8796.47		88.04
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	795	3,532		11,453,000.89 664,001.54	.00 188.00 .00 28.83	.027	835.22		5.10
ALL OTHER INPATIENT	15 722	0		.00 2,845,932.62	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	15,/33	C 00F		2,845,932.62	28.83 40.44	.759	180.89		21.88
MEDICAL	3,526 1,240	6,885 1,682		292,190.30 109,489.72	42.44 65.09	.053	82.87		2.25
SURGERY	6,984	1,00Z			11.90	.013 .273	88.30 60.47		.84 3.25
PATHOLOGY	4,758	35,501 7,319		422,330.10 548,233.77	74.91	.056	115.22		4.21
RADIOLOGY ROOM USE	6,833	10,753		240,233.// 4E0 110 40	41.86	.083	65.87		3.46
CDOCCOVEDC/ALL OTH OUTDINT	0,033 7 E1E	36,573		450,110.49 1,023,578.24 16,365,990.89	27.99	.281	136.20		7.87
@STATE HOSPITAL	7,515 1 147	35,571	ė.	16,365,990.89	۵7.99 د ۱۵۸ ۸۵		\$ 14268.52	بغ	
MENTATIV TIT	1,14/	33,371	Ą	19,201.82	\$ 400.09 00	.000	3840.36	Ą	.15
DENELOD DIGNDIED	1 1/12	25 571		16,346,789.07	.00 459.55	.273	14314.18		125.65
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	1 266	35,571 34,950	\$	6,574,109.65	¢ 199.33		\$ 5192.82	Ġ	50.53
I.FV A_TNTEPMEDIATE	1,200		Ą	31,990.66	85.54	.003	2460.82	Ą	.25
I.FV R-PFHAR MD	11	374 335 0 4,888		40,915.43	122.14	.003	3719.58		.31
LEV B-SUBACUTE FREESTANDING	0	0		0.0	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	137	4 888		2,750,855.55	562.78	.038	20079.24		21.15
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1,109	29,353		3,750,348.01	127.77	.226	3381.74		28.83
@INTERMEDIATE CARE FACILDD	664		\$	3,569,431.73	\$ 174.65	.157		\$	
ICF DDH	154	4,755	~	709,303.35	149.17	.037	4605.87	~	5.45
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	510	15,683		2,860,128.38	182.37	.121	5608.09		21.99
@HEMODIALYSIS TOTAL	904		\$	896,792.85	\$ 59.97		\$ 992.03	\$	6.89
HOSPITAL BASED	8	22		35,294.96	1604.32	.000	4411.87	т	.27
HEMODIALYSIS CENTER	896	14,931		861,497.89	57.70	.115	961.49		6.62
@REHABILITATION FACILITY	209		\$	44,461.55	\$ 24.59		\$ 212.73	Ś	.34
HOSPITAL BASED	200	1,766		43,662.66	24.72	.014	218.31	т	.34
INDEPENDENT FACILITY	9	42		798.89	19.02	.000	88.77		.01
@LABORATORY FACILITY	5,796		\$	345,532.60	\$ 13.46	.197		\$	2.66
	•	•		•	-			•	

PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	5 570	25 276	240 229 44	12 46	104	61.00	2.62
VO AND OTHERS	2,3/9	25,276	540,530.44 E 10/ 16	13.40	.194	01.00	.04
AC AND CITERS	25 162	500 61 01E &	5,194.10	± 27.33	.003 460 ë	152.12	\$ 41.12
@ORGANIZED OUIPAILENI CLINIC	35,163	61,015 \$	5,349,150.05	ې 0/.0/	.409 Ş	102.12	.02
CLINIC	206	1 160	2,700.20 F2 010 20	49.45	.001	188.50	.41
SURGICENIER	280	1,160	53,910.38	40.47	.009	188.50	.41 01
HEROIN DETOX CLINIC	19	161	1,851.81	11.50	.001	97.46	.01
RURAL HEALTH CLINIC	34,922	59,600	5,290,627.60	88.//	.458	151.50	40.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 16,972
1101 02 1	I DD I OIL DDILLY I CD	DUNITAL					01/20/01
TULARE COUNTY	SUMMARY OF SERV.	ICES FOR CASH GRANT	· - DISABLED	AID CODE	60	TIII	
120 004 FLIGTBLES	Hanna	INITES OF SERVICE		ATTERNACE COOR	MON'	THLY AVERAG	E
130,094 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
all offine profiters	02 044	OR DAYS OF CARE	5 050 000 51	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23,044	5,633,758 \$	5,272,228.51	\$.94	43.305 \$	228.79	\$ 40.53
DURABLE MED. EQUIP.	2,237	10,503	1,820,390.49	173.32	.081	813.76	13.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	372	557	105,112.90	188.71	.004	282.56	.81
MEDICAL TRANSPORTATION	3,347	151,353	732,461.02	4.84	1.163	218.84	5.63
AMBULANCES/AIR TRANS	2,241	27,225	342,478.48	12.58	.209	152.82	2.63
OTHER TRANS	1,041	120,717	367,570.16	3.04	.928	353.09	2.83
OTHER SERVICES	227	3,411	22,412.38	6.57	.026	98.73	.17
ACUPUNCTURE	24	39	773.11	19.82	.000	32.21	.01
ADULT DAY HEALTH CARE CTR	38	503	34,846.73	69.28	.004	917.02	.27
GENETIC DISEASE TESTING	33	33	3,465.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	376	4,394	206,294.95	46.95	.034	548.66	1.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,145	9,383	125,376.01	13.36	.072	30.25	.96
PHYSICAL THERAPIST	2	33	205.23	6.22	.000	102.62	.00
PORTABLE X-RAY	47	121	1,826.48	15.09	.001	38.86	.01
PROSTHETIST/ORTHOTISTS	490	1,420	144,108.32	101.48	.011	294.10	1.11
PROSTHETICS	469	1,391	141,894.42	102.01	.011	302.55	1.09
ORTHOTICS	24	29	2,213.90	76.34	.000	92.25	.02
PSYCHOLOGIST	31	132	9,234.70	69.96	.001	297.89	.07
SPEECH AND AUDIOLOGY	565	1,923	108,757.49	56.56	.015	192.49	.84
HOSPICE SERVICES	50	1,439	164,812.06	114.53	.011	3296.24	1.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3.380	77.555	442.604.59	5.71	. 596	130.95	3.40
EPSDT SUPPLEMENTAL SERVICE	0,333	0	00	00	000	00	.00
RESPIRATORY CARE PRACT	Ô	0	00	00	000	00	.00
DED SUBACUTE REHAR/WEANING	Ô	Ô	0.0	00	000	00	.00
ALL OTHER DROVIDERS	10 341	5 374 370	1 371 959 43	26	41 311	132 67	10.55
@CALIF. CHILDREN SERVICES*	4 999	407,666 \$	6,814,515.54	¢ 16.72	3.134 \$	1363 18	\$ 52.38
TULARE COUNTY 130,094 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PRYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @CALIF. CHILDREN SERVICES* @CALIF. CHILDREN SERVICES*	19 135	100 517 0	2,822,078.74	¢ 14 22	1.526 \$	147.48	\$ 21.69
@* TOTALS IN THESE LINES ARE	CIMEN VG V CEDVE	רקט,טבו קיים ארך TNE\DANTTATE	Z,0ZZ,0/0./4	γ 11.44	T.320 \$	11/.10	ų Δ1.U <i>3</i>
THE AMOUNTS ARE ALREADY IN							
THE AMOUNTS ARE ALREADY IN							

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,973 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

TULARE COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

TOTAL COUNTY SOLUTION OF SERVICES FOR COLUMN 30 33 33 TO 12 31 31 31 31 31 31 31 31 31 31 31 31 31										
							MON	THLY AVERA	GE	
	46,060 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	L
			OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	1
	@TOTAL, ALL PROVIDERS	134,392	425,287	\$	24,038,029.01	\$ 56.52	9.233 \$	178.87	\$ 521.89)
	@PHYSICIANS SERVICES	7,255	18,754	\$	1,111,152.32	\$ 59.25	.407 \$	153.16	\$ 24.12	:
	OUTPATIENT VISITS	4,683	6,550		273,820.33	41.80	.142	58.47	5.94	٤
	OFFICE VISITS	1,844	2,376		84,049.83	35.37	.052	45.58	1.82	:
	HOME VISITS	21	34		1,622.49	47.72	.001	77.26	.04	٤
	EMERGENCY ROOM	2,170	2,505		131,878.17	52.65	.054	60.77	2.86	,
	PREVENTIVE CARE	32	33		1,664.47	50.44	.001	52.01	.04	٤
	OB VISITS/COMPRE PERI	197	906		26,338.50	29.07	.020	133.70	.57	1

OTHER OUTPATIENT	590	696	28,266.87	40.61	.015	47.91		.61
INPATIENT VISITS	538	2,795	297,254.74	106.35	.061	552.52		6.45
HOSPITAL VISITS	455	1,558	89,692.96	57.57	.034	197.13		1.95
CRITICAL CARE	112	1,237	207,561.78	167.79	.027	1853.23		4.51
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	124	171	8,166.67	47.76	.004	65.86		.18
EXAMINATIONS	124	171	8,166.67	47.76	.004	65.86		.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	414	2,264	230,660.18	101.88	.049	557.15		5.01
PRINCIPAL SURGEON	256	368	177,157.53	481.41	.008	692.02		3.85
ASSISTANT SURGEON	27	29	6,060.05	208.97	.001	224.45		.13
ANESTHESIOLOGIST	190	1,867	47,442.60	25.41	.041	249.70		1.03
OUTPATIENT SURGERY	550	1,147	123,309.55	107.51	.025	224.20		2.68
PRINCIPAL SURGEON	463	562	103,941.64	184.95	.012	224.50		2.26
ASSISTANT SURGEON	2	2	174.61	87.31	.000	87.31		.00
ANESTHESIOLOGIST	133	583	19,193.30	32.92	.013	144.31		.42
DIALYSIS	1	2	201.62	100.81	.000	201.62		.00
PATHOLOGY	435	884	15,435.99	17.46	.019	35.49		.34
RADIOLOGY	1,579	2,484	63,951.18	25.75	.054	40.50		1.39
PSYCHIATRY	8	16	568.59	35.54	.000	71.07		.01
IMMUNIZATION AND INJECTION	70	248	9,707.80	39.14	.005	138.68		.21
OTHER SERVICES/ALL X-OVERS	1,003	2,193	88,075.67	40.16	.048	87.81		1.91
@PHARMACY	10,885	28,319 \$	1,506,482.91	\$ 53.20	.615 \$	138.40	Ś	32.71
PRESCRIPTION DRUGS	10,635	24,663	1,447,923.35	58.71	.535	136.15	Τ	31.44
SNF/ICF	53	250	20,287.83	81.15	.005	382.79		.44
	10,595	24,413	•	58.48	.530	134.75		31.00
OUTPATIENTS			1,427,635.52					
MEDICAL SUPPLIES	585	3,656	58,559.56	16.02	.079	100.10		1.27
@DENTIST	19,614	124,941 \$	3,831,271.55	\$ 30.66	2.713 \$	195.33	\$	83.18
VISITS - DIAGNOSTIC	14,242	81,247	998,008.29	12.28	1.764	70.08		21.67
ORAL SURGERY	3,160	6,637	424,008.39	63.89	.144	134.18		9.21
DRUGS	96	139	2,627.50	18.90	.003	27.37		.06
ANESTHESIA	610	902	59,646.00	66.13	.020	97.78		1.29
PERIODONTICS	643	654	81,981.00	125.35	.014	127.50		1.78
ENDODONTICS	2,102	3,898	470,304.75	120.65	.085	223.74		10.21
	7,783	•						
RESTORATIVE DENTISTRY		27,475	1,513,748.50	55.10	.597	194.49		32.86
PROSTHETICS	50	53	980.00	18.49	.001	19.60		.02
DENTURES, STAYPLATES	179	720	57,957.75	80.50	.016	323.79		1.26
SPACE MAINTAINERS	270	352	36,698.00	104.26	.008	135.92		.80
MAXILLOFACIAL SERVICES	259	262	25,897.47	98.85	.006	99.99		.56
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	1,476	1,820	157,916.90	86.77	.040	106.99		3.43
ALL OTHER SERVICES	671	782	1,497.00	1.91	.017	2.23		.03
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					DΛ	GE 16,974
MOP024			NIII-OF-PAIMENT KI	EFORT FOR UAN 2	TIMO DEC	2003	FA	01/29/04
	FEE-FOR-SERVICE		40 40 27 24 25 3	DD 311 311 4G 4G				01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-33 35	40 42 3A-3M 3P 3	3R 3U 3W 4C-4G			~-	
					MONT			
46,060 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		OST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	720	2,002 \$	49,390.10	\$ 24.67	.043 \$	68.60	\$	1.07
DIAGNOSTIC AND ANC. PROCED	626	630	29,669.30	47.09	.014	47.40		.64
EYE APPLIANCES	470	1,360	19,433.42	14.29	.030	41.35		.42
OTHER OPTOMETRIC SERVICES	9	12	287.38	23.95	.000	31.93		.01
OTTOLIN OF TOUR TIME DELIVIORD			207.50	. 23.73	• • • • •	31.73		• • •

46,060 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	720	2,002	\$ 49,390.10	\$	24.67	.043	\$	68.60	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	626	630	29,669.30		47.09	.014		47.40	.64
EYE APPLIANCES	470	1,360	19,433.42		14.29	.030		41.35	.42
OTHER OPTOMETRIC SERVICES	9	12	287.38		23.95	.000		31.93	.01
@CHIROPRACTOR	356	652	\$ 10,893.08	\$	16.71	.014	\$	30.60	\$.24
VISITS	356	652	10,893.08		16.71	.014		30.60	.24
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	20	38	\$ 1,738.70	\$	45.76	.001	\$	86.94	\$.04
MEDICINE/INJECTIONS	14	17	613.50		36.09	.000		43.82	.01
SURGERY/ANES.	3	4	470.76		117.69	.000		156.92	.01
RADIO./PATHOLOGY	4	7	78.72		11.25	.000		19.68	.00
OTHER	5	10	575.72		57.57	.000		115.14	.01

@HOME HEALTH AGENCY	83 10	252 \$	16,335.25	\$ 64.82	.005 \$	196.81	\$.35
NURSE ANESTHESIST	10	·		\$ 21.69	.001 \$		
MIIDSE MIDWIEE	Λ	0 \$ 0 \$ 17 \$ 22,389 \$	954.31 .00 .00 427.86 6,277,257.94 5,677,319.24 3,868,114.65 1,808,364.59 601,647.35 462.60	\$.00	.000 \$		
PEDIATRIC NURSE PRACTITIONER	0	n s	0.0	\$.00	.000 \$		
FAMILY NURSE DRACTITIONER	10	17 4	427 86	\$ 25.17	.000 \$		
PARTILI NORSE FRACTITIONER	T C C C C	17 P	6 277 257 04	\$ 280.37			
@IOIAL HOSPITAL	5,541	22,389 Ş	0,2//,25/.94	\$ 280.37		1136.98	
HOSP INPATIENT TOTAL	655	3,718 2,209	5,6//,319.24	1526.98 1751.07 1210.42 402.71	.081	8667.66	123.26
HSC HOSPITALS	277	2,209	3,868,114.65	1751.07	.048	13964.31	83.98
NON-HSC HOSPITAL TOTAL	385	1,494 1,494	1,808,364.59	1210.42	.032	4697.05	39.26
ACCOMMODATIONS	382	1,494	601,647.35	402.71	.032	1574.99	
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	382	1,492	601,184.75	402.94	.032	1573.78	13.05
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS TOTAL	385	1,494 2 0 1,492 0 15 0 18,671 1,595	462.60 .00 601,184.75 1,206,717.24	.00 402.94 .00	.000	3134.33	26.20
INPATIENT CROSSOVERS	1	15	840 00	56.00	.000	840.00	.02
ALL OTHER INDATIENT	0	0	0.00	.00	.000	.00	.00
UOCD OTTENT TOTAL	5 002	19 671	500 038 70	32.13	.405	110 01	13.03
MEDICAL	3,002	10,071	00 165 03	50.26	. 103	119.94 81.39	1.74
MEDICAL	985	1,595	80,165.93	50.26	.035	81.39	1./4
SURGERY	388	470 6,258	25,514.13 76,819.25	J T . 4 J	.010	65.76	.55
PATHOLOGY	1,743	6,258	76,819.25	12.28	.136	44.07	1.67
RADIOLOGY	1,190	1,542 4,361	76,819.25 117,628.05 177,840,14	76.28	.033	98.85	2.55
ROOM USE	3,450	4,361	177,840.14	40.78	.095	51.55	3.86
CROSSOVERS/ALL OTH OUTPTNT	2,097	4,445 132 \$	121,971.20	27.44 \$ 439.45	.097	58.16	2.65
@COUNTY HOSPITAL TOTAL	55	132 \$	58,007.32	\$ 439.45	.003 \$	1054.68	\$ 1.26
CO HOSPITAL INPATIENT TOTAL	10	44	54,628.01	1241.55 1241.55 .00	.001	5462.80	1.19
HSC HOSPITALS	10	44	54.628.01	1241.55	.001	5462.80	1.19
NON-HSC HOSPITALS TOTAL	0	0	0.0	0.0	.000	.00	.00
ACCOMMODATIONS	0	Ô	0.0	.00	.000	.00	.00
ADMINICTDATIVE DAVO	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00	.00	.000		
TRANSTITONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	U	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	Ü	.00	.00	.000	.00	
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	45	88	3,379.31	38.40	.002	75.10	.07
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	16	16	788.19	49.26	.000	49.26	.02
SURGERY	3	4	594.88	148.72	.000	198.29	.01
PATHOLOGY	8	23	242.07	10.52	.000	30.26	.01
RADIOLOGY	5	6	176.49	29.42	.000	35.30	.00
ROOM USE	23	24	803 96	33.50	.001	34.95	.02
CROSSOVERS/ALL OTH OUTPTNT	13	15	773 72	51.58	.000	59.52	
#CALIF DEPT OF HEALTH SERV	MEDI-CAI. SERVIC	132 \$ 44 44 00 0 0 0 0 0 0 0 0 0 88 16 4 23 6 24 15 ES AND EXPENDITURES	MONTH-OF-DAVMENT P	FDORT FOR JAN '			
MOP024	FEE-FOR-SERVICE		MONIII-OF-PAIMENT N	EFORT FOR UAN 2	ZOOS TIIKO DE	IC 2003	01/29/04
			2E 40 42 27 2M 2D	2D 2H 2W 4G 4G			01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-33	35 40 42 3A-3M 3P	3R 3U 3W 4C-4G			CT
46.060							GE
46,060 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	5,476	22,257 \$	6,219,250.62	\$ 279.43			\$ 135.02
COMM HOSP INPATIENT TOTAL	646	3,674	5,622,691.23	1530.40	.080	8703.86	122.07
HSC HOSPITALS	268	2,165	3,813,486.64	1761.43	.047	14229.43	82.79
NON-HSC HOSPITALS TOTAL	385	1,494	1,808,364.59	1210.42	.032	4697.05	39.26
ACCOMMODATIONS	382	1,494	601,647.35	402.71	.032	1574.99	13.06
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	382	1,492	601,184.75	402.94	.032	1573.78	13.05
ANCILLARIES	385	0	1,206,717.24	.00	.000	3134.33	26.20
INPATIENT CROSSOVERS	1	15	840.00	56.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,966	18,583	596,559.39	32.10	.403	120.13	12.95
MEDICAL	969	1,579	79,377.74	50.27	.034	81.92	1.72

SURGERY PATHOLOGY RADIOLOGY ROOM USE	385 1,738 1,186 3,433	466 6,235 1,536 4,337	24,919.25 76,577.18 117,451.56 177,036.18	53.47 12.28 76.47 40.82	.010 .135 .033 .094	64.73 44.06 99.03 51.57	.54 1.66 2.55 3.84
CROSSOVERS/ALL OTH OUTPTNT	2,086	4,430	121,197.48	27.36	.096	58.10	2.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	20	\$ 2,395.32	\$ 119.77	.000	\$ 1197.66	\$.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	20	2,395.32	119.77	.000	1197.66	.05
@INTERMEDIATE CARE FACILDD	12	351	\$ 63,805.49	\$ 181.78	.008	\$ 5317.12	\$ 1.39

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	351		63,805.49		181.78	.008		5317.12		1.39
@HEMODIALYSIS TOTAL	1	7	\$	3,673.15	\$	524.74	.000	\$	3673.15	\$.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	7		3,673.15		524.74	.000		3673.15		.08
@REHABILITATION FACILITY	59	331	\$	9,891.80	\$	29.88	.007	\$	167.66	\$.21
HOSPITAL BASED	55	187		7,892.48		42.21	.004		143.50		.17
INDEPENDENT FACILITY	4	144		1,999.32		13.88	.003		499.83		.04
@LABORATORY FACILITY	1,111	3,896	\$	60,839.43	\$	15.62	.085	\$	54.76	\$	1.32
PATHOLOGY	1,111	3,896		60,839.43		15.62	.085		54.76		1.32
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	77,725	111,662	\$	10,084,352.52	\$	90.31	2.424	\$	129.74	\$	218.94
CLINIC	67	213		5,382.75		25.27	.005		80.34		.12
SURGICENTER	26	123		4,574.97		37.19	.003		175.96		.10
HEROIN DETOX CLINIC	12	127		1,468.02		11.56	.003		122.34		.03
RURAL HEALTH CLINIC	77,634	111,199		10,072,926.78		90.58	2.414		129.75		218.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 16,976
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-40	3				

IULARE COUNTY	SUMMARY OF SERV	ICES FOR CGF 3	0-33	33 40 42 3A-3M 3P .	3K 3U 3W 4C-4G				
						MOI	NTHLY AVERA	GE	-
46,060 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	R
		OR DAYS OF CA	RE		PER UNIT/DAY		USER	ELIGIBL	
@ALL OTHER PROVIDERS	29,328	111,612	\$	1,007,167.28	\$ 9.02	2.423	34.34	\$ 21.8	7
DURABLE MED. EQUIP.	113	360		28,332.51	78.70	.008	250.73	.63	2
BLOOD BANK	0	0		.00	.00	.000	.00	.00	0
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	0
MEDICAL TRANSPORTATION	405	12,395		132,251.18	10.67	.269	326.55	2.8	7
AMBULANCES/AIR TRANS	396	10,350		95,831.41	9.26	.225	242.00	2.0	8
OTHER TRANS	9	2,026		5,035.40	2.49	.044	559.49	.13	1
OTHER SERVICES	19	19		31,384.37	1651.81	.000	1651.81	.68	8
ACUPUNCTURE	4	7		124.35	17.76	.000	31.09	.00	0
ADULT DAY HEALTH CARE CTR	3	21		1,450.26	69.06	.000	483.42	.03	3
GENETIC DISEASE TESTING	395	395		40,815.50	103.33	.009	103.33	. 8	9
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	0
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	0
OPTICIAN	3,920	8,378		77,943.09	9.30	.182	19.88	1.69	9
PHYSICAL THERAPIST	5	9		175.70	19.52	.000	35.14	.00	0
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	0
PROSTHETIST/ORTHOTISTS	38	101		7,930.84	78.52	.002	208.71	.1	7
PROSTHETICS	27	86		6,749.37	78.48	.002	249.98	.1	5
ORTHOTICS	14	15		1,181.47	78.76	.000	84.39	.03	3
PSYCHOLOGIST	62	462		27,758.53	60.08	.010	447.72	.60	0
SPEECH AND AUDIOLOGY	54	167		11,271.87	67.50	.004	208.74	. 2	4
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	0
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	0
LOCAL EDUCATION AGENCIES	24,576	65,566		672,319.63	10.25	1.423	27.36	14.6	0
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	0
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	0
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	0
ALL OTHER PROVIDERS	29	23,751		6,793.82	.29	.516	234.27	.1	5
@CALIF. CHILDREN SERVICES*	3,150	29,616	\$	5,032,274.36	\$ 169.92	.643	1597.55	\$ 109.2	5
@XOVER EXCLUDING STATE HOSP**	14	160	\$	5,474.10	\$ 34.21	.003	391.01	\$.1:	2
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	PATE TNEORMATION	TTEM	ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,977
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

000 555							
230,577 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	292,341 46,970	9,671,669 \$	145,482,635.31	\$ 15.04	41.946		
@PHYSICIANS SERVICES	46,970	+		\$ 32.13	.754		
@PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE	19,931	173,855 \$ 28,541 15,283 167 9,113 38 1,232 2,708 13,589 10,863 1,975 751 872	1,197,733.59	41.97	.124	60.09	5.19
OFFICE VISITS	11,363	15,283	489,790.98	32.05	.066	43.10	2.12
HOME VISITS	122	167	7,070.95	42.34	.001	57.96	.03
EMERGENCY ROOM	7,324	9,113	553,278.67	60.71	.040	75.54	2.40
PREVENTIVE CARE	37	38	1,944.46	51.17	.000	52.55	.01
OB VISITS/COMPRE PERI	262	1,232	34,717.07	28.18	.005	132.51	.15
OTHER OUTPATIENT	2,096	2,708	110,931.46	40.96 63.42	.012 .059	52.93 311.11	.48 3.74
INPATIENT VISITS	2,770	10 863	501,700.03 507 056 36	46.68	.047	217.15	2.20
CRITICAL CARE	270	1 975	325 842 76	164.98	.009	1206.83	1.41
SNF/ICF/TRANS IP CARE	354	751	28.867.73	38.44	.003	81.55	.13
OPHTHALMOLOGICAL SERVICES	644	751 872 866 6	37,036.68	42.47	.004	57.51	.16
EXAMINATIONS	640	866	36,902.38	42.61	.004	57.66	.16
SERVICES AND MATERIALS	6	6	134.30	22.38	.000	22.38	.00
INPATIENT HOSPITAL SURGERY	1,431	7,759 1,607	/19,694.02	92.76	.034	502.93	3.12
PRINCIPAL SURGEON	1,034	1,607		347.02	.007	539.32	2.42
ASSISTANT SURGEON	79	84	18,761.43 143,273.44	223.35	.000	237.49	.08
ANESTHESIOLOGIST	537	6,068	143,273.44	23.61	.026	266.80	.62
OUTPATIENT SURGERY PRINCIPAL SURGEON	2,381	5,284 2,539	492,783.53 421,680.89	93.26 166.08	.023 .011	206.96 208.96	2.14 1.83
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	2,010	2,539 7	914.10	130.59	.000	130.59	.00
ASSISTANT SURGEON ANESTHESTOLOGIST	494	2,738	70,188.54	25.63	.012	142.08	.30
DIALYSIS	243	828	74,424.36	89.88	.004	306.27	.32
PATHOLOGY	2,462	5,679 16,473	61,030.35	10.75	.025	24.79	.26
RADIOLOGY	8,262	16,473	490,019.77	29.75	.071	59.31	2.13
PSYCHIATRY	14	29	990.79	34.17	.000	70.77	.00
IMMUNIZATION AND INJECTION	711 23,027 135,236 133,025	8,965	340,312.64	37.96	.039	478.64	1.48
OTHER SERVICES/ALL X-OVERS	23,027	85,836	1,310,995.83	15.27	.372	56.93	5.69
@PHARMACY	135,236	2,058,247 \$		\$ 22.30	8.927		\$ 199.09
PRESCRIPTION DRUGS	133,025	565,328	43,590,228.08	77.11 63.53	2.452	327.68	189.05
SNF/ICF OUTPATIENTS	2,546 130,779	19,053	1,210,435.88 42,379,792.20	77.58	.083 2.369	475.43 324.06	5.25 183.80
MEDICAL SUPPLIES	130,779 17,787 29,917	546,275 1,492,919 176,528	2,314,480.38	77.58 1.55	6.475	130.12	10.04
@DENTIST	29 917	176,528 \$	5,881,739.82	\$ 33.32	.766		
VISITS - DIAGNOSTIC	20.980	113,178	1,343,531.01	11.87	.491	64.04	5.83
ORAL SURGERY	4,847	11,476	684,973.85	59.69	.050	141.32	2.97
DRUGS	111	11,476 172 1,106	2,897.50	16.85	.001	26.10	.01
ANESTHESIA	773	1,106	75,028.00	67.84	.005	97.06	.33
PERIODONTICS	4,847 111 773 1,824	1,985	235,172.35	118.47	.009	128.93	1.02
ENDODONTICS	2,707	4,758	651,220.75	136.87	.021	240.57	2.82
RESTORATIVE DENTISTRY		35,104	2,105,923.46	59.99	.152	198.63	9.13
PROSTHETICS	135 1,543	142	3,720.00	26.20	.001	27.56 332.23	.02
DENTURES, STAYPLATES SPACE MAINTAINERS	281	4,605 365	512,629.32 37,835.00	111.32 103.66	.020 .002	134.64	2.22 .16
MAXILLOFACIAL SERVICES	398	419	41,136.68	98.18		103.36	
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.002	800.00	.00
ORTHODONTIC SERVICES	1,702	2,097	185,374.90	88.40	.009	108.92	.80
ALL OTHER SERVICES	969	1,120	1,497.00	1.34	.005	1.54	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 16,978
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- TOTAL				
000 555 5							GE
230,577 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
@ODTOMETD I CT	F 730	OR DAYS OF CARE	224 004 77	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	5,738 2,402	15,751 \$ 2,459	334,894.76 113,117.35	\$ 21.26 46.00	.068 .011	\$ 58.36 47.09	\$ 1.45 .49
DIAGNOSTIC AND ANC. PROCED	2,402	2,409	113,111.33	40.00	.011	±1.09	. 42

EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE DEDIATRIC NURSE DRACTITIONER	4,140	11,803		195,966.93		16.60	.051		47.34		.85
OTHER OPTOMETRIC SERVICES	978	1,489		25,810.48		17.33			26.39		.11
@CHIROPRACTOR	981	1,752	\$	28,292.09 25,255.11	Ş	16.15	.008				
VISITS	829	1,513 239		25,255.11 3,036.98 54,314.73			.007		30.46		.11
OTHER SERVICES	154			3,036.98		12.71 11.64	.001		19.72		.01
@PODIATRIST	2,287	4,667	\$	54,314.73	\$	11.64	.020		23.75	Ş	
MEDICINE/INJECTIONS	387	434 29		12,406.22 1,830.46 801.98 39,276.07		28.59	.002		32.06		.05
SURGERY/ANES.	26	29		1,830.46		63.12	.000		70.40		.01
RADIO./PATHOLOGY	46	69		801.98		11.62	.000		17.43		.00
OTHER	1,885	4,135	4	39,276.07	4	9.50	.018	4	20.84	4	.17
@HOME HEALTH AGENCY	/20	13,284	Ş	522,635.02	۶	39.34	.058	Ş	725.88		2.27
NURSE ANESTHESIST	44	371	Ş	3,864.25	Ş	10.42	.002	Ş			.02
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	4.0	0	Ş	2 260 23	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	40 26 122	9⊿ 150 000	Ģ	2,200.33	Ş	24.57	.000	Ģ	56.51 1229.94	Ģ	.01 139.39
HOSP INPATIENT TOTAL	20,132 4 011	152,222	Ą	32,140,720.19	Ą	211.14 1074 E4	.097	Ą	7084.15	Ą	123.23
HSC HOSPITALS	712	22,294		0 041 145 01		12/4.34	.025		12557.79		38.78
NON-HSC HOSPITAL TOTAL	1 070	10 207		10 275 220 22		1772 00	.045		9726.04		79.26
ACCOMMODATIONS	1 052	10,307		10,273,223.23		101 52	.045		2234.67		17.95
ACCOMMODATIONS ADMINITCHDATIVE DAVC	1,002	10,307		30 506 00		201.33	.043		1102.48		.17
TRANSTITATIVE DATA	0	1/2		30,300.00		00	.000		.00		.00
ALL OTHER ACCOM	1 833	10 135		4 100 030 34		404 54	.044		2236 79		17.78
ANCTITARTES	1 876	10,133		14 136 612 01		00	.000		2236.79 7535.51		61.31
NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	1,070	6 332		1 198 150 85		.00 24.57 211.14 1274.54 1581.10 1773.09 401.53 224.34 .00 404.54 .00 189.22 .00 28.68	.027		818.41		5.20
ALL OTHER INDATIENT	1,404	0,332		1,190,130.03		109.22	.000		0.0		.00
HOSP OUTPATTENT TOTAL.	23 130	129 928		3 726 202 20		28 68	.563		161.10		16.16
MEDICAL	4 679	8 741		384 711 25		44 01	038		82.22		1.67
SIRGERY	1 678	2 221		142 867 53		64 33	.010		85.14		.62
PATHOLOGY	8 986	43 113		514 610 24		11 94	.187		57.27		2.23
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT CO HOSP OUTPATIENT CO HOSP OUTPATIENT COHOSP OUT	6 102	9 087		684 801 67		404.54 .00 189.22 .00 28.68 44.01 64.33 11.94 75.36 41.34 26.46 153.31 1024.28 1259.86 2855.00 231.30	.039		112.23		2.97
ROOM IISE	10 539	15 615		645 561 97		41 34	.068		61.25		2.80
CROSSOVERS/ALL OTH OUTPTNT	11 656	51 151		1 353 649 54		26 46	.222		116.13		5.87
@COUNTY HOSPITAL TOTAL	250	1 216	Ś	186 421 23	Ś	153 31	005	Ś	745.68	Ś	.81
CO HOSPITAL INPATIENT TOTAL	26	152	٧	155.690.01	Υ	1024.28	.001	~	5988.08	۲	.68
HSC HOSPITALS	24	120		151.183.01		1259.86	.001		6299.29		.66
NON-HSC HOSPITALS TOTAL	1	1		2.855.00		2855.00	.000		6299.29 2855.00 231.30 231.30		.01
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30 231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	ĺ	0		2,623.70		.00	.000		2623.70		.01
INPATIENT CROSSOVERS	2	31		1,652.00		53.29	.000		826.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	232	1,064		30,731.22		28 88	005		132.46		.13
MEDICAL	96	137		4,847.83		35.39 210.45 11.18 77.27	.001		50.50		.02
SURGERY	15	26		5,471.67		210.45	.000		364.78		.02
PATHOLOGY	63	411		4,594.80		11.18	.002		72.93		.02
RADIOLOGY	37	47		3,631.54		77.27	.000		98.15		.02
ROOM USE	130	203		7,809.01		38.47	.001		60.07		.03
CROSSOVERS/ALL OTH OUTPTNT	71	240		4,376.37		18.23	.001		61.64		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	ES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	PI	AGE 16,979
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	JICES FOR CASH GRA	TNA	- TOTAL							
							N	TNO	HLY AVERA	GE -	
230,577 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25,922	151,006	\$	31,954,306.96	\$	211.61		\$	1232.71	\$	138.58
COMM HOSP INPATIENT TOTAL	3,986	22,142		28,258,835.98		1276.25	.096		7089.52		122.56
HSC HOSPITALS	689	5,535		8,789,962.90		1588.07	.024		12757.57		38.12

NON-HSC HOSPITALS TOTAL	1,878	10,306		18,272,374.23		1772.98	.045	9729.70		79.25
ACCOMMODATIONS	1,851	10,306		4,138,385.92		401.55	.045	2235.76		17.95
ADMINISTRATIVE DAYS	. 34	171		38,355.58		224.30	.001	1128.11		.17
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1,833	10,135		4,100,030.34		404.54	.044	2236.79		17.78
ANCILLARIES	1,875	. 0		14,133,988.31		.00	.000	7538.13		61.30
INPATIENT CROSSOVERS	1,462	6,301		1,196,498.85		189.89	.027	818.40		5.19
ALL OTHER INPATIENT	_,	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	22,936	128,864		3,695,470.98		28.68	.559	161.12		16.03
MEDICAL	4,585	8,604		379,863.42		44.15	.037	82.85		1.65
SURGERY	1,665	2,195		137,395.86		62.59	.010	82.52		.60
PATHOLOGY	8,936	42,702		510,015.44		11.94	.185	57.07		2.21
RADIOLOGY	6,073	9,040		681,170.13		75.35	.039	112.16		2.95
ROOM USE	10,428	15,412		637,752.96		41.38	.067	61.16		2.77
CROSSOVERS/ALL OTH OUTPTNT		50,911		1,349,273.17		26.50	.221	116.41		5.85
@STATE HOSPITAL	1,195	37,031	\$	17,073,259.95	\$	461.05	.161	\$ 14287.25	Ś	74.05
MENTALLY ILL	5	0	٧	19,201.82	٧	.00	.000	3840.36	Ψ	.08
DEVELOP. DISABLED	5 1,190	37,031		17,054,058.13		460.53	.161	14331.14		73.96
@NURSING FACILITY	1,900	49,729	\$	8,762,396.45	\$	176.20		\$ 4611.79	Ś	38.00
LEV A-INTERMEDIATE	13	374	Y	31,990.66	٧	85.54	.002	2460.82	Y	.14
LEV B-REHAB MD	11	335		40,915.43		122.14	.001	3719.58		.18
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	153	5,367		3,028,679.38		564.32	.023	19795.29		13.14
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	1,730 697	43,653		5,660,810.98		129.68	.189	3272.15		24.55
SINGEDWEDINGS CYDE EYCII DD	1,730 697	21,406	\$	3,745,431.83	\$	174.97		\$ 5373.65	Ċ	16.24
ICF DDH	154	4,755	Ų	709,303.35	Ÿ	149.17	.021	4605.87	Ÿ	3.08
ICF DD	134	4,733		.00		.00	.000	.00		.00
ICF DDN/DDCN	543	16,651		3,036,128.48		182.34	.072	5591.40		13.17
@HEMODIALYSIS TOTAL	1 356	19,985	\$	1,250,256.15	\$	62.56	.087		Ġ	5.42
HOSPITAL BASED	154 0 543 1,356 8 1,348 273 260 13 7,259	22	Ų	35,294.96		1604.32	.000	4411.87	Ÿ	.15
HEMODIALYSIS CENTER	1 348	19,963		1,214,961.19		60.86	.087	901.31		5.27
@REHABILITATION FACILITY	273	2,171	\$	54,942.14	\$	25.31	.009		Ċ	.24
HOSPITAL BASED	260	1,985	Ą	52,143.93	Ą	26.27	.009	200.55	Ą	.23
INDEPENDENT FACILITY	13	186		2,798.21		15.04	.001	215.25		.01
@LABORATORY FACILITY	7 259	30,848	\$	420,486.18	\$	13.63	.134		Ś	1.82
PATHOLOGY	6,872	30,128	Y	413,195.80	٧	13.71	.131	60.13	Y	1.79
XO AND OTHERS	389	720		7,290.38		10.13	.003	18.74		.03
@ORGANIZED OUTPATIENT CLINIC	118,958	183,143	\$	15,927,370.79	\$	86.97	.794		Ċ	69.08
CLINIC CLINIC	102	317	Ų	9,218.19	Ÿ	29.08	.001	90.37	Ÿ	.04
SURGICENTER	444	1,469		83,432.09		56.80	.006	187.91		.36
HEROIN DETOX CLINIC	31	288		3,319.83		11.53	.001	107.09		.01
RURAL HEALTH CLINIC	118,511	181,069		15,831,400.68		87.43	.785	133.59		68.66
#CALIF DEPT OF HEALTH SERV			IDEC M	IONTH-OF-PAYMENT R	FDOPT				D	AGE 16,980
MOP024	FEE-FOR-SERVICE		11 0 111	ONIH OF PAIMENT N	CEF OICE	. FOR UAN A	2003 11110	DEC 2003		01/29/04
TULARE COUNTY		ICES FOR CASH G	TRANT	ΤΟΤΔΙ.						01/25/04
TODINCE COONTI	BOINING OF BEICV	Telb for endir e	71(21111	1011111			M	ONTHLY AVERA	GE.	
230,577 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	AVE	RAGE COST		-	_	COST PER
	0.0-10	OR DAYS OF CAR				UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	60,502	6,730,587	\$	7,788,265.76	\$	1.16	29.190	\$ 128.73	\$	33.78
DURABLE MED. EQUIP.	2,691	12,812	Ψ	2,064,507.00	τ	161.14	.056	767.19	Ψ.	8.95
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	722	1,062		211,230.63		198.90	.005	292.56		.92
MEDICAL TRANSPORTATION	4,682	246,902		1,158,329.80		4.69	1.071	247.40		5.02
AMBULANCES/AIR TRANS	2,766	38,879		457,773.71		11.77	.169	165.50		1.99
OTHER TRANS	1,774	203,406		640,345.81		3.15	.882	360.96		2.78
OTHER SERVICES	366	4,617		60,210.28		13.04	.020	164.51		.26
ACUPUNCTURE	41	63		1,281.30		20.34	.000	31.25		.01
ADULT DAY HEALTH CARE CTR	73	964		66,692.05		69.18	.004	913.59		.29
GENETIC DISEASE TESTING	429	429		44,385.50		103.46	.002	103.46		.19
	147	147		11,303.30			.002	_00.10		• /

IHMC, MODEL-NF, NF, AIDS, MSSP	1,104	9,628	504,846.89	52.44	.042	457.29	2.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9,677	21,451	259,092.17	12.08	.093	26.77	1.12
PHYSICAL THERAPIST	8	56	398.03	7.11	.000	49.75	.00
PORTABLE X-RAY	70	160	1,871.52	11.70	.001	26.74	.01
PROSTHETIST/ORTHOTISTS	611	1,760	157,111.60	89.27	.008	257.14	.68
PROSTHETICS	579	1,716	153,716.23	89.58	.007	265.49	.67
ORTHOTICS	38	44	3,395.37	77.17	.000	89.35	.01
PSYCHOLOGIST	95	597	36,994.16	61.97	.003	389.41	.16
SPEECH AND AUDIOLOGY	851	2,522	161,954.75	64.22	.011	190.31	.70
HOSPICE SERVICES	72	2,127	241,073.06	113.34	.009	3348.24	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28,024	149,230	1,149,733.55	7.70	.647	41.03	4.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

15,128 6,280,824 1,728,763.75 27.240 114.28 7.50 ALL OTHER PROVIDERS .28 12,018,106.18 \$ @CALIF. CHILDREN SERVICES* 8,264 458,254 26.23 1.987 \$ 1454.27 \$ 52.12 @XOVER EXCLUDING STATE HOSP** 33,703 311,012 \$ 4,790,429.90 \$ 15.40 1.349 \$ 142.14 \$ 20.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOPUZ4	FEE-FOR-SERVICE		TNEANEG	ATD CODEC 47	C 0		01/23/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47			_
					MON7		
4,247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,768	14,655 \$	2,326,521.58	\$ 158.75	3.451 \$	487.94	\$ 547.80
@PHYSICIANS SERVICES	716	2,505 \$	196,453.77	\$ 78.42	.590 \$	274.38	\$ 46.26
OUTPATIENT VISITS	460	619	27,369.10	44.22	.146	59.50	6.44
OFFICE VISITS	223	308	10,823.87	35.14	.073	48.54	2.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	219	250	13,862.42	55.45	.059	63.30	3.26
PREVENTIVE CARE	10	10	589.28	58.93	.002	58.93	.14
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	37	51	2,093.53	41.05	.012	56.58	.49
INPATIENT VISITS	129	935	119,458.50	127.76	.220	926.03	28.13
HOSPITAL VISITS	100	314	15,805.61	50.34	.074	158.06	3.72
CRITICAL CARE	39	621	103,652.89	166.91	.146	2657.77	24.41
	0	0	•				
SNF/ICF/TRANS IP CARE	10		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		22	1,012.05	46.00	.005	101.21	. 24
EXAMINATIONS	10	22	1,012.05	46.00	.005	101.21	. 24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	270	29,110.16	107.82	.064	882.13	6.85
PRINCIPAL SURGEON	21	41	20,790.21	507.08	.010	990.01	4.90
ASSISTANT SURGEON	3	4	1,084.52	271.13	.001	361.51	.26
ANESTHESIOLOGIST	14	225	7,235.43	32.16	.053	516.82	1.70
OUTPATIENT SURGERY	28	49	3,630.49	74.09	.012	129.66	.85
PRINCIPAL SURGEON	23	23	2,687.72	116.86	.005	116.86	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	26	942.77	36.26	.006	157.13	.22
DIALYSIS	1	1	100.81	100.81	.000	100.81	.02
PATHOLOGY	12	16	576.11	36.01	.004	48.01	.14
RADIOLOGY	168	303	5,133.05	16.94	.071	30.55	1.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	12	132.95	11.08	.003	33.24	.03
OTHER SERVICES/ALL X-OVERS	125	278	9,930.55	35.72	.065	79.44	2.34
@PHARMACY	755	1,658 \$	75,127.30	\$ 45.31	.390 \$	99.51	
PRESCRIPTION DRUGS	719	1,496	68,636.71	45.88	.352	95.46	16.16
SNF/ICF	0	1,450	.00	.00	.000	.00	.00
OUTPATIENTS	719	1,496	68,636.71	45.88	.352	95.46	16.16
MEDICAL SUPPLIES	76	162	6,490.59	40.07	.038	85.40	1.53
@DENTIST	70	5 \$	140.00	\$ 28.00	.001 \$	46.67	
	3	5 5	140.00	28.00	.001 \$	46.67	.03
VISITS - DIAGNOSTIC	3	5					
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	U	0	.00	.00	.000	.00	.00
ANESTHESIA	U	U	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

 ORTHODONTIC SERVICES
 0
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 ALL OTHER SERVICES
 0
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01/29/04

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,982 MOP024

FEE-FOR-SERVICE/DENTAL

TULARE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69
----- MONTHLY AVERAGE ------UNITS OF SERVICE EXPENDITURES 4,247 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER COST PER 0 .00 PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE .000 \$ @OPTOMETRIST Š .00 .00 \$. 00 .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 .00 .00 .00 .00 .00 .00 . 00 .00 .00 . 53 .00 . 00 .00 .00 354.92 344.80 313.73 31.07 15.45 . 00 .00 15.45 15.63 .00 .00 10.12 1.90 .30 1.61 2.20 3.17 . 94 . 01 .00 .00 . 00 .00 .00 .00 .00 .00 .00 .00 .01 .00 .00 .00 . 00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .000 .00 PAGE 16,983

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL #CALIF DEPT OF HEALTH SERV MOP024

#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 16,983			
MOP024 TULARE COUNTY	FEE-FOR-SERVICE	E/DENTAL VICES FOR 185% PROGRAM	TNEANTC	AID CODEC 47	60		01/29/04			
TULARE COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- INFANIS	AID CODES 47	MON	ממתונע אנודים) A C E			
4,247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER			
4,24/ ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	452	2,428 \$	1,507,327.53	\$ 620.81		3327.43				
COMM HOSP INPATIENT TOTAL	453 97	974	1,464,384.63	1503.47	.229	15096.75	344.80			
HSC HOSPITALS	<i>91</i>	809		1646.99	.190	24225.73	313.73			
	22	165	1,332,414.91 131,969.73	799.82	.039	2999.31	31.07			
NON-HSC HOSPITALS TOTAL	55 44 44 0			397.57		1490.87				
ACCOMMODATIONS	44	165 0	65,598.28		.039		15.45 .00			
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00				
-	44	165	.00 65,598.28	.00	.000	.00 1490.87	.00			
ALL OTHER ACCOM	43	0		397.57	.039	1543.52	15.45			
ANCILLARIES	43	0	66,371.45	.00	.000		15.63 .00			
INPATIENT CROSSOVERS	1	0	.00 .01CF	.00	.000	.00 .01CR				
ALL OTHER INPATIENT	375	0 1,454			.000 .342	114.51	.00 10.11			
COMM HOSP OUTPATIENT TOTAL	375 72	1,454	42,942.90	29.53			1.90			
MEDICAL	26	131 35	8,051.49	61.46	.031 .008	111.83				
SURGERY	124	591	1,273.18	36.38		48.97	.30			
PATHOLOGY	98	124	6,847.50	11.59	.139	55.22	1.61			
RADIOLOGY	98 277	348	9,326.59 13,438.37	75.21 38.62	.029 .082	95.17 48.51	2.20 3.16			
ROOM USE							.94			
CROSSOVERS/ALL OTH OUTPTNT	156 0	225 0 \$	4,005.77	17.80 \$.00	.053	25.68 .00				
@STATE HOSPITAL MENTALLY ILL	0		.00	•	.000 \$					
DEVELOP. DISABLED	0	0 0	.00	.00	.000	.00	.00			
	0		.00	.00 \$.00	.000 .000 \$					
@NURSING FACILITY	0	0 \$.00	\$.00 .00	.000 \$.000	.00	.00			
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0				.00	.00			
	0	0	.00	.00	.000	.00	.00			
LEV B-SUBACUTE FREESTANDING	0	0				.00				
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00			
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0		.00	.00 \$.00	.000 .000 \$.00	.00			
	0	0 \$ 0		•	.000 \$.000					
ICF DDH ICF DD	0	0	.00	.00	.000	.00	.00			
ICF DDM/DDCN	0	0	.00	.00	.000	.00	.00			
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$					
HOSPITAL BASED	0	0	.00	.00	.000 \$.00	.00			
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00			
@REHABILITATION FACILITY	2	3 \$	314.19	\$ 104.73	.001 \$					
HOSPITAL BASED	2	၁ မှ ၁	314.19	104.73	.001 \$	157.10	.07			
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00			
@LABORATORY FACILITY	18	36 \$	334.63	\$ 9.30	.008 \$					
PATHOLOGY	18	36	334.63	9.30	.008	18.59	.08			
XO AND OTHERS	0	0	.00	.00	.000	.00	.00			
@ORGANIZED OUTPATIENT CLINIC	3,611	5,590 \$	512,582.82	\$ 91.70	1.316 \$		\$ 120.69			
CLINIC CLINIC	0	3,390 Ş 0	.00	.00	.000	.00	.00			
SURGICENTER	0	0	.00	.00	.000	.00	.00			
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00			
RURAL HEALTH CLINIC	3,611	5,590	512,582.82	91.70	1.316		120.69			
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITURES MOI					PAGE 16,984			
MOP024	FEE-FOR-SERVICE		NIII-OF-PAIMENI KE	SPORT FOR UAN .	ZUUS IIIKU DE	C 2003	01/29/04			
TULARE COUNTY		VICES FOR 185% PROGRAM	- TNFANTS	AID CODES 47	69		01/29/04			
TOTAKE COUNTY	DUMPHIC OF SERV	VICED FOR 100% PROGRAM	TIMENMID	AID CODES 47	MON	THIV AMEDAC	F			
4,247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER			
T, ZT / ELLGIDLES	CAIGU	OR DAYS OF CARE	FVLFMDTIOKF9	PER UNIT/DAY		USER	ELIGIBLE			
@ALL OTHER PROVIDERS	70	2,392 \$	31,968.27	\$ 13.36		456.69				
STATE OTHER EKOATDERS	, 0	۵,392 ٩	51,500.27	Å T3.30	ډ دند.	430.03	۷ (۱۰۵۵			

DURABLE MED. EQUIP.	10	10		973.96	9'	7.40	.002		97.40	.23
BLOOD BANK	0	0		.00		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	45	1,217		26,211.90	23	1.54	.287		582.49	6.17
AMBULANCES/AIR TRANS	43	1,210		15,411.90	1:	2.74	.285		358.42	3.63
OTHER TRANS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	7	7		10,800.00	1542	2.86	.002	1	542.86	2.54
ACUPUNCTURE	0	0		.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.00
OPTICIAN	2	5		35.09	•	7.02	.001		17.55	.01
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	2	5		482.65		б.53	.001		241.33	.11
PROSTHETICS	2	5		482.65	90	б.53	.001		241.33	.11
ORTHOTICS	0	0		.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	7	30		282.51	9	9.42	.007		40.36	.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	4	1,125		3,982.16		3.54	.265		995.54	.94
@CALIF. CHILDREN SERVICES*	209	3,331	\$	1,320,098.78	\$ 396	6.31	.784	\$ 6	316.26	\$ 310.83
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATI	E INFORMATION	ITEM C	NLY;						

^{*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,985
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

TODAKE COUNTI	SOMMAN OF SER	ATCES LOW TOD'S ENOGRAPM	- FIGUAIII A	TD COMES 44 40	ユジ		
					MON	ITHLY AVERA	GE
12,838 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,996	56,829 \$	7,083,936.19	\$ 124.65	4.427 \$	708.68	\$ 551.79
@PHYSICIANS SERVICES	4,210	18,869 \$	1,077,170.78	\$ 57.09	1.470 \$	255.86	\$ 83.90
OUTPATIENT VISITS	2,392	11,150	272,795.58	24.47	.869	114.04	21.25
OFFICE VISITS	257	304	13,359.55	43.95	.024	51.98	1.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	366	398	23,795.49	59.79	.031	65.02	1.85
PREVENTIVE CARE	37	37	2,496.21	67.47	.003	67.47	.19
OB VISITS/COMPRE PERI	1,861	10,400	232,783.68	22.38	.810	125.09	18.13
OTHER OUTPATIENT	8	11	360.65	32.79	.001	45.08	.03
INPATIENT VISITS	637	1,617	103,596.89	64.07	.126	162.63	8.07
HOSPITAL VISITS	603	1,271	55,303.84	43.51	.099	91.71	4.31
CRITICAL CARE	47	346	48,293.05	139.58	.027	1027.51	3.76
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	47.88	47.88	.000	47.88	.00
EXAMINATIONS	1	1	47.88	47.88	.000	47.88	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,042	2,389	560,936.53	234.80	.186	538.33	43.69
PRINCIPAL SURGEON	771	809	496,283.72	613.45	.063	643.69	38.66
ASSISTANT SURGEON	105	105	19,047.39	181.40	.008	181.40	1.48
ANESTHESIOLOGIST	284	1,475	45,605.42	30.92	.115	160.58	3.55
OUTPATIENT SURGERY	243	549	39,637.37	72.20	.043	163.12	3.09
PRINCIPAL SURGEON	203	284	32,700.06	115.14	.022	161.08	2.55

ASSISTANT SURGEON	1	1	186.50	186.50	.0	0 (186.50	.01
ANESTHESIOLOGIST	78	264	6,750.81	25.57	.0	21	86.55	.53
DIALYSIS	0	0	.00	.00	.0	0 (.00	.00
PATHOLOGY	547	1,156	19,454.45	16.83	.0	0	35.57	1.52
RADIOLOGY	1,048	1,479	58,154.03	39.32	.1	.5	55.49	4.53
PSYCHIATRY	0	0	.00	.00	.0	0 (.00	.00
IMMUNIZATION AND INJECTION	101	137	5,031.18	36.72	.0	.1	49.81	.39
OTHER SERVICES/ALL X-OVERS	256	391	17,516.87	44.80	.0	30	68.43	1.36
@PHARMACY	3,102	6,149	\$ 156,148.51	\$ 25.39	.4	19	\$ 50.34	\$ 12.16
PRESCRIPTION DRUGS	3,022	5,722	131,775.68	23.03	. 4	16	43.61	10.26
SNF/ICF	2	9	493.30	54.81	.0	1	246.65	.04
OUTPATIENTS	3,020	5,713	131,282.38	22.98	. 4	15	43.47	10.23
MEDICAL SUPPLIES	226	427	24,372.83	57.08	.0	3	107.84	1.90
@DENTIST	23	100	\$ 1,650.00	\$ 16.50	.0	8 (\$ 71.74	\$.13
VISITS - DIAGNOSTIC	18	71	624.00	8.79	.0	6	34.67	.05
ORAL SURGERY	4	7	503.00	71.86	.0	1	125.75	.04

DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	1	1	100.00		100.00	.000		100.00		.01
PERIODONTICS	2	3	45.00		15.00	.000		22.50		.00
ENDODONTICS	1	1	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	5	14	378.00		27.00	.001		75.60		.03
PROSTHETICS	1	1	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1	.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1	.00		.00	.000		.00		.00
		S AND EXPENDITURES M		REPORT			DEC		Р	AGE 16,986
MOP024	FEE-FOR-SERVICE			_						01/29/04
TULARE COUNTY		ICES FOR 185% PROGRA	M - PREGNANT	ATD C	ODES 44 48	49				01/20/01
1021112 0001111		1020 1011 1000 111001			0220 11 10	M	ТИС	HLY AVERA	GE	
12,838 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	Δ1/1	ERAGE COST			COST PER		COST PER
12,030 111011110	OBERB	OR DAYS OF CARE			R UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	1	2 \$	32.08	\$	16.04	.000	Ċ		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	Ų	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	1	2	32.08		16.04	.000		32.08		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
	0	0 \$.00	\$.00	.000	۲,		\$.00
@CHIROPRACTOR	0	0 Ş		Ą			Ą	.00	Þ	
VISITS	0	-	.00		.00	.000				.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	· ·	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	55	106 \$	5,928.83	\$	55.93	.008	\$	107.80	\$.46
NURSE ANESTHESIST	50	268 \$	6,330.24	\$	23.62	.021	\$	126.60	\$.49
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,224	13,014 \$	4,458,050.54	\$	342.56	1.014	\$	1382.77	\$	347.25
HOSP INPATIENT TOTAL	1,135	4,113	4,279,470.52		1040.47	.320		3770.46		333.34
HSC HOSPITALS	93	390	438,655.16		1124.76	.030		4716.72		34.17
NON-HSC HOSPITAL TOTAL	1,048	3,721	3,839,163.50		1031.76	.290		3663.32		299.05
ACCOMMODATIONS	1,023	3,721	1,379,385.43		370.70	.290		1348.37		107.45
ADMINISTRATIVE DAYS	3	38	6,707.70		176.52	.003		2235.90		.52
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,020	3,683	1,372,677.73		372.71	.287		1345.76		106.92
ANCILLARIES	1,047	0	2,459,778.07		.00	.000		2349.36		191.60
INPATIENT CROSSOVERS	2	2	1,652.00		826.00	.000		826.00		.13
ALL OTHER INPATIENT	1	0	.140	CR	.00	.000		.14C	R	.00
HOSP OUTPATIENT TOTAL	2,456	8,901	178,580.02		20.06	.693		72.71		13.91
MEDICAL	115	144	6,965.18		48.37	.011		60.57		.54
SURGERY	123	138	3,899.41		28.26	.011		31.70		.30
PATHOLOGY	1,439	5,279	65,752.93		12.46	.411		45.69		5.12
RADIOLOGY	434	462	29,471.71		63.79	.036		67.91		2.30
ROOM USE	816	1,072	45,527.80		42.47	.084		55.79		3.55
CROSSOVERS/ALL OTH OUTPTNT	870	1,806	26,962.99		14.93	.141		30.99		2.10
@COUNTY HOSPITAL TOTAL	26	103 \$	54,510.59	\$	529.23	.008	\$	2096.56	Ś	4.25
CO HOSPITAL INPATIENT TOTAL	9	39	52,650.11	Υ	1350.00	.003	т.	5850.01		4.10
HSC HOSPITALS	9	39	52,650.11		1350.00	.003		5850.01		4.10
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
TIVITYD TE CUIVE	U	U	.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	22	64	1,860.48	29.07	.005	84.57	.14
MEDICAL	2	4	133.01	33.25	.000	66.51	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	46.55	6.65	.001	11.64	.00
RADIOLOGY	4	5	346.99	69.40	.000	86.75	.03
ROOM USE	6	8	228.53	28.57	.001	38.09	.02
CROSSOVERS/ALL OTH OUTPTNT		40	1,105.40	27.64	.003	78.96	.09
		CES AND EXPENDITURES MC	N.I.H-OFBAAMEN.I. KE	SPORT FOR JAN	2003 THRU DEC	2 2003	PAGE 16,987
MOP024 TULARE COUNTY	FEE-FOR-SERVICE	·		D CODES 44 48	4.0		01/29/04
TULARE COUNTY	SUMMARI OF SERV	ICES FOR 185% PROGRAM	- PREGNANT AT	.D CODES 44 46	MON	PUIV AUPDAC	r
12,838 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
12,030 ELIGIBLES	CALCO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,204	12,911 \$	4,403,539.95	\$ 341.07		1374.39	
COMM HOSP INPATIENT TOTAL	1,126	4,074	4,226,820.41	1037.51	.317	3753.84	329.24
HSC HOSPITALS	84	351	386,005.05	1099.73	.027	4595.30	30.07
NON-HSC HOSPITALS TOTAL	1,048	3,721	3,839,163.50	1035.75	.290	3663.32	299.05
ACCOMMODATIONS	1,023	3,721	1,379,385.43	370.70	.290	1348.37	107.45
ADMINISTRATIVE DAYS	3	38	6,707.70	176.52	.003	2235.90	.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,020	3,683	1,372,677.73	372.71	.287	1345.76	106.92
ANCILLARIES	1,047	0	2,459,778.07	.00	.000	2349.36	191.60
INPATIENT CROSSOVERS	2	2	1,652.00	826.00	.000	826.00	.13
ALL OTHER INPATIENT	1	0	.14CF		.000	.14CR	
COMM HOSP OUTPATIENT TOTAL	2,439	8,837	176,719.54	20.00	.688	72.46	13.77
MEDICAL	113	140	6,832.17	48.80	.011	60.46	.53
SURGERY	123	138	3,899.41	28.26	.011	31.70	.30
PATHOLOGY	1,435	5,272	65,706.38	12.46	.411	45.79	5.12
RADIOLOGY	430	457	29,124.72	63.73	.036	67.73	2.27
ROOM USE	810	1,064	45,299.27	42.57	.083	55.93	3.53
CROSSOVERS/ALL OTH OUTPTNT	856	1,766	25,857.59	14.64	.138	30.21	2.01
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	7 \$	1,654.66	\$ 236.38	.001 \$	1654.66	\$.13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	7	1,654.66	236.38	.001	1654.66	.13
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	·
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,761	3,706 \$	73,044.10	\$ 19.71	.289 \$		\$ 5.69
PATHOLOGY	1,759	3,700	72,687.10	19.65	.288	41.32	5.66
XO AND OTHERS	6	6	357.00	59.50	.000	59.50	.03
@ORGANIZED OUTPATIENT CLINIC	4,118	9,574 \$	1,162,856.52	\$ 121.46	.746 \$		\$ 90.58
CLINIC	12	117	1,803.10	15.41	.009	150.26	.14

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 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,988 MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 01/29/04

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG IGER FITCIPLE 12,838 ELIGIBLES USERS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,989 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

						MOI	THLY AVERA	GE	
49 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	21	195	\$	81,138.20	\$ 416.09	3.980	3863.72	\$ 1655.88	
@PHYSICIANS SERVICES	3	3	\$	111.22	\$ 37.07	.061	37.07	\$ 2.27	
OUTPATIENT VISITS	1	1		68.35	68.35	.020	68.35	1.39	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1		68.35	68.35	.020	68.35	1.39	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
	_										
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PRINCIPAL SURGEON	U	U		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.14		5.14	.020		5.14		.10
RADIOLOGY	1	1		37.73		37.73	.020		37.73		.77
	1	1									
PSYCHIATRY	U	U		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	5	7	\$	343.04	\$	49.01	.143	\$	68.61	\$	7.00
PRESCRIPTION DRUGS	5	7		343.04	·	49.01	.143	-	68.61		7.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	7		343.04		49.01	.143		68.61		7.00
	5	,									
MEDICAL SUPPLIES	U	0		.00	4.	.00	.000		.00	4.	.00
@DENTIST	1	2	\$.00	\$.00	.041	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1		.00		.00	.020		.00		.00
ORAL SURGERY	1	1		.00		.00	.020		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
PERIODONTICS	0	0				.00	.000				.00
ENDODONTICS	Ü	Ü		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 16,990
MOP024	FEE-FOR-SERVICE/I	ENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICE		POST	PARTIM PROGRAM		AID CODE	76				
1021112 0001111	201111111 01 221111	25 1011 00 2111		111112011 1110011111				/ONT	HLY AVERA	CF	
49 ELIGIBLES	USERS (MITTO OF CEDUTO		EADENDIAIDEC	7/17/17	ACE COCE	UNITS/DAY				
49 ELIGIBLES	USERS (NITS OF SERVIC		EXPENDITURES							COST PER
	_	OR DAYS OF CAR					PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
	•		Ą		Ą			Ą		Ą	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	•	0	۲.		۲.			۸,		بي	
@HOME HEALTH AGENCY	0	U	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE ANESTHESIST											(1(1)
	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$ \$.00	.000	\$.00	\$.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER		0 0 0			\$ \$ \$			\$			

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.0	0 (
@TOTAL HOSPITAL	5	16	\$ 369.03	\$ 23.06	.327	\$ 73.81	\$ 7.5	;3
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0) ()
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	0 (
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.0	0 (
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	0 (
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	0 (
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0 (
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	0 (
ANCILLARIES	0	0	.00	.00	.000	.00	.0	0 (
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.0	0 (
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	0 (
HOSP OUTPATIENT TOTAL	5	16	369.03	23.06	.327	73.81	7.5	;3
MEDICAL	0	0	.00	.00	.000	.00	.0	0 (
SURGERY	0	0	.00	.00	.000	.00	.0	0 (
PATHOLOGY	3	11	172.09	15.64	.224	57.36	3.5	<i>i</i> 1

RADIOLOGY	1	1	78.75	78.75	.020	78.75	1.61
ROOM USE	3	3	98.99	33.00	.061	33.00	2.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	19.20	19.20	.020	19.20	.39
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ö	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ö	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	U	.00	.00	.000	.00	.00
RADIOLOGY	0	U	.00	.00	.000	.00	.00
ROOM USE	0	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 16,991
MOP024	FEE-FOR-SERVIC		100111 DD00D111	3.TD G0DE	E.C.		01/29/04
TULARE COUNTY	SUMMARY OF SER	VICES FOR 60-DAY POST P	ARTUM PROGRAM	AID CODE			~
40 BL TGTDI BG	Hanna	INITES OF SERVICE		ATTERNACE COCE	MON		
49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
OCOMMINITENT HOCKET HORAL	_	OR DAYS OF CARE	260.02	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	16 \$	369.03	\$ 23.06	.327 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	16	369.03	23.06	.327	73.81	7.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	11	172.09	15.64	.224	57.36	3.51
RADIOLOGY	1	1	78.75	78.75	.020	78.75	1.61
ROOM USE	3	3	98.99	33.00	.061	33.00	2.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	19.20	19.20	.020	19.20	.39
@STATE HOSPITAL	1	152 \$	79,279.23	\$ 521.57		79279.23	\$ 1617.94
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	1	152	79,279.23	521.57	3.102	79279.23	1617.94
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
TEN D TRANSTITIONAL TO CARE	^	0	0.0	0.0	000	0.0	0.0

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	6 \$	201.40	\$ 33.57	.122 \$	50.35	
PATHOLOGY	4	6	201.40	33.57	.122	50.35	4.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	9 \$	834.28	\$ 92.70	.184 \$		\$ 17.03
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	9	834.28	92.70	.184	104.29	17.03
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DEC	2 2003	PAGE 16,992
MOP024	FEE-FOR-SERVICE			1.70 0000	E.C.		01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY POST I	PARTUM PROGRAM	AID CODE	/6 MONT	מווד א אוויים אר	יחר
40 BLIGIDIES	HGEDG	INITES OF SERVICE	EXPENDIBLEC	ATTED A CEL COCIE	_		
49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
ANI OTHER PROMINERS	0	OR DAYS OF CARE	0.0	PER UNIT/DAY \$.00	PER ELIG .000 \$	USER .00	ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EOUIP.	0	0 \$ 0	.00	\$.00 .00	.000 \$.00	\$.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	Ŏ	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	n	Õ	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	n n	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	n n	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	Õ	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	Ő	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,993 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

				· ·						
							MON	THLY AVERA	GE.	
17,134 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	14,785	71,679	\$	9,491,595.97	\$	132.42	4.183 \$	641.97	\$	553.96
@PHYSICIANS SERVICES	4,929	21,377	\$	1,273,735.77	\$	59.58	1.248 \$	258.42	\$	74.34

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OUTPATIENT VISITS	2,853	11,770		300,233.03		25.51	.687	105.23		17.52
OFFICE VISITS	480	612		24,183.42		39.52	.036	50.38		1.41
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	586	649		37,726.26		58.13	.038	64.38		2.20
PREVENTIVE CARE	47	47		3,085.49		65.65	.003	65.65		.18
OB VISITS/COMPRE PERI	1,861	10,400		232,783.68		22.38	.607	125.09		13.59
OTHER OUTPATIENT	45	62		2,454.18		39.58	.004	54.54		.14
INPATIENT VISITS	766	2,552		223,055.39		87.40	.149	291.20		13.02
HOSPITAL VISITS	703	1,585		71,109.45		44.86	.093	101.15		4.15
CRITICAL CARE	86	967		151,945.94		157.13	.056	1766.81		8.87
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	11	23		1,059.93		46.08	.001	96.36		.06
EXAMINATIONS	11	23		1,059.93		46.08	.001	96.36		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1,075	2,659		590,046.69		221.91	.155	548.88		34.44
PRINCIPAL SURGEON	792	850		517,073.93		608.32	.050	652.87		30.18
ASSISTANT SURGEON	108	109		20,131.91		184.70	.006	186.41		1.17
ANESTHESIOLOGIST	298	1,700		52,840.85		31.08	.099	177.32		3.08
OUTPATIENT SURGERY	271	598		43,267.86		72.35	.035	159.66		2.53
PRINCIPAL SURGEON	226	307		35,387.78		115.27	.018	156.58		2.07
ASSISTANT SURGEON	1	1		186.50		186.50	.000	186.50		.01
ANESTHESIOLOGIST	84	290		7,693.58		26.53	.017	91.59		.45
DIALYSIS	1	1		100.81		100.81	.000	100.81		.01
PATHOLOGY	560	1,173		20,035.70		17.08	.068	35.78		1.17
RADIOLOGY	1,217	1,783		63,324.81		35.52	.104	52.03		3.70
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	105	149		5,164.13		34.66	.009	49.18		.30
OTHER SERVICES/ALL X-OVERS	381	669		27,447.42		41.03	.039	72.04		1.60
@PHARMACY	3,862	7,814	\$	231,618.85	\$	29.64	.456 \$	59.97	\$	13.52
PRESCRIPTION DRUGS	3,746	7,225		200,755.43		27.79	.422	53.59		11.72
SNF/ICF	2	9		493.30		54.81	.001	246.65		.03
OUTPATIENTS	3,744	7,216		200,262.13		27.75	.421	53.49		11.69
MEDICAL SUPPLIES	302	589	_	30,863.42	_	52.40	.034	102.20	_	1.80
@DENTIST	27	107	\$	1,790.00	\$	16.73	.006 \$	66.30	Ş	.10
VISITS - DIAGNOSTIC	22	77		764.00		9.92	.004	34.73		.04
ORAL SURGERY	5	8		503.00		62.88	.000	100.60		.03
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00		.01
PERIODONTICS	2	3		45.00		15.00	.000	22.50		.00
ENDODONTICS	1	1		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	÷	14		378.00		27.00	.001	75.60		.02
	1									
PROSTHETICS	Ţ	1		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	C M		דם חם				D7	AGE 16,994
			ויו כו	ONIII-OF-PAIMENT KI	F OICI	FOR UAIN 2	SOUS TIMO DEC	2003	FF	
MOP024	FEE-FOR-SERVICE					4 45 40 40				01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR 185% AND	60	-DAY PP TOTAL, COI	JES 4	4 47 48 49				
							MONT			
17,134 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	1	2	\$	32.08	\$	16.04	.000 \$	32.08	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000	.00	•	.00
EYE APPLIANCES	1	2		32.08		16.04	.000	32.08		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
			۲.		ė.				۲.	
@CHIROPRACTOR	0		\$.00	\$.00	.000 \$.00	Þ	.00
VISITS	0	0		.00		.00	.000	.00		.00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	ب	.00	\$.00
	0		Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	•		_							_	
@HOME HEALTH AGENCY	76	143	Ş		\$	57.11		\$	107.46	Ş	.48
NURSE ANESTHESIST	50	268	\$	6,330.24	\$	23.62	.016	\$	126.60	\$.37
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ		\$.00	.000		.00	\$.00
			ې ط								
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000			\$.00
@TOTAL HOSPITAL	3,683	15,459	\$	5,965,782.27	\$	385.91	.902	\$	1619.82	\$	348.18
HOSP INPATIENT TOTAL	1,232	5,087		5,743,855.15		1129.12	.297		4662.22		335.23
HSC HOSPITALS	148	1,199		1,771,070.07		1477.12	.070		11966.69		103.37
				2 071 122 22							
NON-HSC HOSPITAL TOTAL	1,092	3,886		3,971,133.23		1021.91	.227		3636.57		231.77
ACCOMMODATIONS	1,067	3,886		1,444,983.71		371.84	.227		1354.25		84.33
ADMINISTRATIVE DAYS	3	38		6,707.70		176.52	.002		2235.90		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	1,064	3,848		1,438,276.01		373.77	.225		1351.76		83.94
ALL OTHER ACCOM	•										
ANCILLARIES	1,090	0		2,526,149.52		.00	.000		2317.57		147.43
INPATIENT CROSSOVERS	2	2		1,652.00		826.00	.000		826.00		.10
ALL OTHER INPATIENT	2	0		.15CR	₹	.00	.000		.080	'R	.00
HOSP OUTPATIENT TOTAL	2,837	10,372		221,927.12		21.40	.605		78.23		12.95
MEDICAL	187	275		15,016.67		54.61	.016		80.30		.88
SURGERY	149	173		5,172.59		29.90	.010		34.72		.30
PATHOLOGY	1,566	5,881		72,772.52		12.37	.343		46.47		4.25
RADIOLOGY	533	587		38,877.05		66.23	.034		72.94		2.27
ROOM USE	1,097	1,424		59,100.33		41.50	.083		53.87		3.45
CROSSOVERS/ALL OTH OUTPINT	1,027	2,032		30,987.96		15.25	.119		30.17		1.81
@COUNTY HOSPITAL TOTAL	27	104	\$	54,545.76	\$	524.48	.006	\$	2020.21	\$	3.18
CO HOSPITAL INPATIENT TOTAL	9	39	•	52,650.11		1350.00	.002		5850.01	•	3.07
	,	39									
HSC HOSPITALS	9			52,650.11		1350.00	.002		5850.01		3.07
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	U									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	0									
CO HOSP OUTPATIENT TOTAL	23	65		1,895.65		29.16	.004		82.42		.11
MEDICAL	2	4		133.01		33.25	.000		66.51		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	7		46.55		6.65	.000		11.64		.00
	1	5		346.99		69.40	.000		86.75		.02
RADIOLOGY	1										
ROOM USE	7	9		263.70		29.30	.001		37.67		.02
CROSSOVERS/ALL OTH OUTPTNT	14	40		1,105.40		27.64	.002		78.96		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P.F	AGE 16,995
MOP024	FEE-FOR-SERVICE										01/29/04
			D 60	D DD	A	4 40 40 4	0 60 56				01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	שט ע	-DAY PP TOTAL, COD	JES 4	4 4 / 48 4					
							M	IONT:	HLY AVERA	GE -	
17,134 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S '	COST PER		COST PER
•		OR DAYS OF CARE			DER	IINTT/DAV	PER ELIG	1	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,662			5,911,236.51							345.00
	-	15,355	\$		\$			Ą	1614.21	Ą	
COMM HOSP INPATIENT TOTAL	1,223	5,048		5,691,205.04		1127.42	.295		4653.48		332.16
HSC HOSPITALS	139	1,160		1,718,419.96		1481.40	.068		12362.73		100.29
NON-HSC HOSPITALS TOTAL	1,092	3,886		3,971,133.23		1021.91	.227		3636.57		231.77
ACCOMMODATIONS	1,067	3,886		1,444,983.71		371.84	.227		1354.25		84.33
	-	-									
ADMINISTRATIVE DAYS	3	38		6,707.70		176.52	.002		2235.90		. 39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	1,064	3,848	1,438,276.01		373.77	.225	1351.76	83.94
ANCILLARIES	1,090	0	2,526,149.52		.00	.000	2317.57	147.43
INPATIENT CROSSOVERS	2	2	1,652.00		826.00	.000	826.00	.10
ALL OTHER INPATIENT	2	0	.15CI	3.	.00	.000	.08CR	.00
COMM HOSP OUTPATIENT TOTAL	2,819	10,307	220,031.47		21.35	.602	78.05	12.84
MEDICAL	185	271	14,883.66		54.92	.016	80.45	.87
SURGERY	149	173	5,172.59		29.90	.010	34.72	.30
PATHOLOGY	1,562	5,874	72,725.97		12.38	.343	46.56	4.24
RADIOLOGY	529	582	38,530.06		66.20	.034	72.84	2.25
ROOM USE	1,090	1,415	58,836.63		41.58	.083	53.98	3.43
CROSSOVERS/ALL OTH OUTPTNT	1,013	1,992	29,882.56		15.00	.116	29.50	1.74
@STATE HOSPITAL	1	152	\$ 79,279.23	\$	521.57	.009	\$ 79279.23 \$	4.63
MENTALLY ILL	0	0	.00		.00	.000	.00	.00
DEVELOP. DISABLED	1	152	79,279.23		521.57	.009	79279.23	4.63
@NURSING FACILITY	1	7	\$ 1,654.66	\$	236.38	.000	\$ 1654.66 \$.10
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	7		1,654.66		236.38	.000		1654.66		.10
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		Ġ	.00
ICF DDH	0	0	т	.00	Υ	.00	.000	т	.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	3	\$	314.19	\$	104.73	.000	\$	157.10	\$.02
HOSPITAL BASED	2	3		314.19	•	104.73	.000	·	157.10	•	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,783	3,748	\$	73,580.13	\$	19.63	.219	\$	41.27	\$	4.29
PATHOLOGY	1,781	3,742		73,223.13		19.57	.218		41.11		4.27
XO AND OTHERS	6	6		357.00		59.50	.000		59.50		.02
@ORGANIZED OUTPATIENT CLINIC	7,737	15,173	\$	1,676,273.62	\$	110.48	.886	\$	216.66	\$	97.83
CLINIC	12	117		1,803.10		15.41	.007		150.26		.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,725	15,056		1,674,470.52		111.22	.879		216.76		97.73
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	REPOR'	T FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 16,996
MOP024	FEE-FOR-SERVICE	•									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	ND 6	0-DAY PP TOTAL, CC	DES	44 47 48 49					
								-	HLY AVERA	_	
17,134 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
	1 0 4 5	OR DAYS OF CARE		1.00 000 00		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,045	7,426	\$	173,038.20	\$	23.30	.433	\$	165.59	Ş	10.10
DURABLE MED. EQUIP.	63	63		4,375.74		69.46	.004		69.46		. 26
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	146	3,062		61,853.88		20.20	.179		423.66		3.61
AMBULANCES/AIR TRANS	144	3,049		40,253.88		13.20	.178		279.54		2.35
OTHER TRANS	13	0 13		.00		.00	.000		.00		.00
OTHER SERVICES	13	13		21,600.00		1661.54	.001		1661.54		1.26
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	583	586		60,975.25			.000		104.59		.00 3.56
IHMC, MODEL-NF, NF, AIDS, MSSP	583 0	586		.00		104.05	.034		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	ე ე	5		35.09		7.02	.000		17.55		.00
OFITCIAN	∠	5		33.03		7.02	.000		11.55		. 0 0

^{.00} PHYSICAL THERAPIST 61 2,807.03 .004 200.50 14 46.02 .16 0 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 283 694 37,537.34 54.09 .041 132.64 2.19 120 462 16,686.50 36.12 .027 139.05 .97 PROSTHETICS ORTHOTICS 224 232 20,850.84 89.87 .014 93.08 1.22 0 .00 .00 .00 .00 PSYCHOLOGIST 0 .000 SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 0 .00 .000 HOSPICE SERVICES 0 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 7 30 282.51 9.42 .002 40.36 .02 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .000 .00 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 ALL OTHER PROVIDERS 14 2,925 5,171.36 1.77 .171 369.38 .30 3,796 1,632,768.73 \$ 430.13 .222 \$ 95.29 @CALIF. CHILDREN SERVICES* 245 6664.36 \$ \$ \$ @XOVER EXCLUDING STATE HOSP** 2 0 1,652.00 .00 .000 \$ 826.00 \$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

TULARE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,997 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AID CODE 16

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

----- MONTHLY AVERAGE -----3,346 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,933 629 1 1 0 0 @TOTAL, ALL PROVIDERS 142.879 1,395,918.49 Ś 9.77 42.701 \$ 475.94 \$ 417.19 @PHYSICIANS SERVICES 1,538 22,876.24 14.87 .460 \$ 36.37 \$ 6.84 Ś 18.10 18.10 .000 18.10 OUTPATIENT VISITS .01 OFFICE VISITS 18.10 18.10 .000 18.10 .01 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .000 .00 .00 . 00 . 00 . 000 . 00 INPATIENT VISITS .000 HOSPITAL VISITS .00 .00 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 OPHTHALMOLOGICAL SERVICES 8.01 8.01 .000 8.01 .00 .000 8.01 8.01 8.01 EXAMINATIONS . 00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON . 00 . 000 . 00 . 00 .00 ANESTHESIOLOGIST .00 .000 .00 1,536 66,975 11,50 .00 .000 .00 .00 DIALYSIS .00 PATHOLOGY . 00 .000 . 00 . 00 .00 .000 .00 RADIOLOGY .00 .00 .00 .00 **PSYCHIATRY** .00 .000 .00 Λ .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 22,850.13 OTHER SERVICES/ALL X-OVERS 627 14.88 . 459 36.44 6.83 @PHARMACY 2,658 825,768.12 \$ 12.33 20.016 \$ 310.67 \$ 246.79 795,717.31 69.19 PRESCRIPTION DRUGS 2,622 3.437 303.48 237.81 .149 SNF/ICF 69 498 28,235.92 56.70 409.22 8.44 11,003 767,481.39 69.75 3.288 300.27 OUTPATIENTS 2,556 229.37 2,556 367 121 82 11 MEDICAL SUPPLIES 55,474 30,050.81 .54 16.579 81.88 8.98 .154 \$ 7.57 @DENTIST 514 25,317.25 \$ 49.26 209.23 \$ 82 352
11 29
1 1
0 0
7 7
8 10
23 55
3 3
27 55
0 0 352 3,773.25 10.72 .105 46.02 VISITS - DIAGNOSTIC 1.13 ORAL SURGERY 1,335.00 46.03 .009 121.36 .40 .00 .00 .00 .000 . 00 DRUGS ANESTHESIA .00 .00 .000 .00 .00 135.14 135.14 946.00 .002 .28 PERIODONTICS 232.50 .003 290.63 ENDODONTICS 2,325.00 .69 RESTORATIVE DENTISTRY 6,526.00 118.65 .016 283.74 1.95 .001 60.00 20.00 20.00 PROSTHETICS .02 DENTURES, STAYPLATES 10,352.00 188.22 .016 383.41 3.09 .00 SPACE MAINTAINERS .00 .00 .000 .00 .00 .00 MAXILLOFACIAL SERVICES .00 .000 .00 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS .00 .00 ORTHODONTIC SERVICES .000 .00 .00 .00 2 2 .00 .00 .00 ALL OTHER SERVICES .001

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICE MOP024 FEE-FOR-SERVICE/

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 16,998 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY	SUMMARY OF SERVICES	FOR TITLE II DISF	REGARD - AGED	AID CODE	16		
					MONTH	LY AVERAGE	
3,346 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	117	325 \$	5,648.19	\$ 17.38	.097 \$	48.28 \$	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
	90						
EYE APPLIANCES		251	4,382.40	17.46	.075	48.69	1.31
OTHER OPTOMETRIC SERVICES	38	73	1,218.34	16.69	.022	32.06	.36
@CHIROPRACTOR	8	11 \$	110.84	\$ 10.08	.003 \$	13.86 \$	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	11	110.84	10.08	.003	13.86	.03
@PODIATRIST	81	159 \$	1,229.33	\$ 7.73	.048 \$	15.18 \$.37
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	Ö	.00	.00	.000	.00	.00
	0	Ö	.00		.000	.00	.00
RADIO./PATHOLOGY				.00			
OTHER	81	159	1,229.33	7.73	.048	15.18	.37
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
@TOTAL HOSPITAL	188	761 Š	50,277.72	\$ 66.07	.227 \$	267.43 \$	
HOSP INPATIENT TOTAL	54	145	41,821.04	288.42	.043	774.46	12.50
	0		-				
HSC HOSPITALS		0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	54	145	41,821.04	288.42	.043	774.46	12.50
	0	0	·	.00	.000	.00	.00
ALL OTHER INPATIENT			.00				
HOSP OUTPATIENT TOTAL	137	616	8,456.68	13.73	.184	61.73	2.53
MEDICAL	1	1	62.98	62.98	.000	62.98	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	136	615	8,393.70	13.65	.184	61.72	2.51
@COUNTY HOSPITAL TOTAL	2	2 \$	21.00	\$ 10.50	.001 \$	10.50 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	Ü	Ü	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	•	· ·					
CO HOSP OUTPATIENT TOTAL	2	2	21.00	10.50	.001	10.50	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	21.00	10.50	.001	10.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A						PAGE 16,999
MOP024			TIL OF EATHERIT REI	LOWI LOW OWN Z	OOD TIME DEC	2000	
MOPUZ4	FEE-FOR-SERVICE/DEN		DECARD ACED	VID CODE	16		01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	ONTI	HIY AVERA	GE	
3,346 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	186	759	\$	50,256.72		66.21	.227	\$		\$	15.02
COMM HOSP INPATIENT TOTAL	54	145		41,821.04		288.42	.043		774.46		12.50
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	•	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	54	145		41,821.04		288.42	.043		774.46		12.50
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	135	614		8,435.68		13.74	.184		62.49		2.52
MEDICAL SURGERY	1	1 0		62.98 .00		62.98 .00	.000		62.98 .00		.02 .00
	0	0					.000				
PATHOLOGY	0	0		.00		.00	.000		.00		.00 .00
RADIOLOGY ROOM USE	0	0		.00		.00	.000		.00		.00
	134	613		8,372.70		13.66	.183		62.48		2.50
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	134	013	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	71	1,817	\$	237,574.70		130.75	.543	\$	3346.12	\$	71.00
LEV A-INTERMEDIATE	0	1,017	Ÿ	.00		.00	.000	Ÿ	.00	Ÿ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	71	1,817		237,574.70		130.75	.543		3346.12		71.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0	Υ	.00		.00	.000	τ.	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	38	57	\$	24,721.23		433.71	.017	\$	650.56	\$	7.39
HOSPITAL BASED	0	0	·	.00		.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	38	57		24,721.23		433.71	.017		650.56		7.39
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	26	\$	239.73	\$	9.22	.008	\$	19.98	\$.07
PATHOLOGY	2	11		125.67		11.42	.003		62.84		.04
XO AND OTHERS	10	15		114.06		7.60	.004		11.41		.03
@ORGANIZED OUTPATIENT CLINIC	338	552	\$	20,958.80	\$	37.97	.165	\$		\$	6.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	14	18		2,993.30		166.29	.005		213.81		.89
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	326	534		17,965.50		33.64	.160		55.11		5.37
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT	REPORT	r for Jan 2	2003 THRU	DEC	2003	Ρ.	AGE 17,000
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE					
2 246							M				
3,346 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0111 0MVID DD0	252	OR DAYS OF CARE		101 105 11		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	852	70,144	\$	181,196.34		2.58	20.964	\$	212.67	\$	54.15
DURABLE MED. EQUIP.	30	71		26,588.95		374.49	.021		886.30		7.95
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	102	155		19,354.92		124.87	.046		189.75		5.78
MEDICAL TRANSPORTATION	84	11,863		37,873.96		3.19	3.545		450.88		11.32

AMBULANCES/AIR TRANS	1	2	214.32	107.16	.001	214.32	.06
OTHER TRANS	76	11,808	37,322.49	3.16	3.529	491.09	11.15
OTHER SERVICES	11	53	337.15	6.36	.016	30.65	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	119	1,315	51,161.98	38.91	.393	429.93	15.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	111	266	3,792.23	14.26	.079	34.16	1.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	36.60	6.10	.002	12.20	.01
PROSTHETIST/ORTHOTISTS	10	21	637.58	30.36	.006	63.76	.19
PROSTHETICS	10	21	637.58	30.36	.006	63.76	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	34	76	5,111.74	67.26	.023	150.35	1.53

HOSPICE SERVICES	1	4		437.80	109.45	.001	437.80	.13
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	533	56,367		36,200.58	.64	16.846	67.92	10.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,274	10,892	\$	164,964.48	\$ 15.15	3.255	\$ 129.49	\$ 49.30
* TOTALC IN THECE IINEC ADE CIVEN	וייגם גמים א מדי	E TMEODMATTOM	TTEM ON	TT V·				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,001 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

TULARE COUNTY	SUMMARY OF SERV	ICES FOR	LILLPE T	L DISE	REGARD - BLIND	AIL	CODES 26	6A				
								MC			GE	
06 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS (UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3		2	\$	734.18	\$	367.09	.333		244.73	\$	122.36
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		Ô		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		Ô		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		Ô		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		Ô		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		Ô		.00		.00	.000		.00		.00
DIALYSIS	0		Ô		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	2		3	\$	929.88	\$	309.96	.500	¢	464.94	Ġ	154.98
PRESCRIPTION DRUGS	2		3	٧	929.88	٧	309.96	.500	Y	464.94	Y	154.98
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	2		3		929.88		309.96	.500		464.94		154.98
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	Ġ	.00	\$.00
VISITS - DIAGNOSTIC	0		0	Ų	.00	Ą	.00	.000	Ą	.00	Ą	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0		0		.00		.00	.000		.00		.00
FINDODOMITCS	Ü		U		.00		.00	.000		.00		.00

RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
	0		0								
DENTURES, STAYPLATES	0		0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	U		0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDITU	RES MOI	NTH-OF-PAYMENT I	REPORT	FOR JAN 2	2003 THRU I	DEC 2003	E	PAGE 17,002
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY	SUMMARY OF SERV		TITLE	TT DISE	REGARD - BLIND	ATD	CODES 26	6A			,,
TODING COOKIT	Bornanci or Believ	ICED IOIC		II DIGI	CEGIND BEIND	1111	CODED 20		ONTHLY AVEF	ACE	
06 ELIGIBLES	USERS	UNITS OF	CEDVITC	r	EXPENDITURES	7/1/2	DACE COCT		S COST PER		COST PER
00 EDIGIBLES	OSEKS	OR DAYS			EXPENDITORES				USER	-	ELIGIBLE
CODEOMEEDIGE	0	OR DAIS			0.0			PER ELIG			
@OPTOMETRIST	0		0	\$.00		.00	.000	•	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00		.00
EYE APPLIANCES	0		0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
@PODIATRIST	0		0	\$.00		.00	.000		\$.00
MEDICINE/INJECTIONS	Ô		0	τ	.00	т	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		-								
OTHER	0		0	4	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	U		0	\$.00		.00	.000			.00
NURSE ANESTHESIST	0		0	Ş	.00	Ş	.00	.000	\$.00		.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		Ô		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ô		Ô		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
	0		0		.00			.000	.00		.00
TRANSITIONAL IP CARE	0		0				.00				
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	Ü		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000			.00
CO HOSPITAL INPATIENT TOTAL	0		0	٧	.00	٧	.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0								
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	Ü		U		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	· ·	O .	MONTH-OF-PAYMENT REF				PAGE 17,003
MOP024	FEE-FOR-SERVICE/DI		MONITI OF FAIRENT REF	ORT FOR UAN	2005 TIMO DEC	2003	01/29/04
TULARE COUNTY		ES FOR TITLE II D	COECADO DI IND	AID CODES 26	67		01/29/04
TOLARE COUNTY	SUMMARI OF SERVICE	ES FOR TITLE II D.	ISKEGARD - BLIND	AID CODES 20	MONTH	IT V ATTEDAC	יםי
O.C. ELICIPIES	HCEDG III	ITMC OF CEDITOR	EXPENDIBLE	ATTED A CE COCH	_		
06 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST		OST PER	COST PER
		OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0				.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00
MEDICAL	0	U	.00	.00	.000	.00	.00
SURGERY	0	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	3CR \$	230.42CR	\$ 76.81	.500CR\$		\$ 38.40CR
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	3CR	230.42CR	76.81	.500CR	.00	38.40CR
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	
	0	0 ş		•	•	.00	
ICF DDH	0	•	.00	.00	.000		.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2 \$	34.72	\$ 17.36	.333 \$	17.36	\$ 5.79
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	34.72	17.36	.333	17.36	5.79
	MEDI CAI CEDVICEC	AND EVDENDITHING A					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND FYSFINDILOKES I	MONTH-OF-PAYMENT REF	OKI FOR JAN	ZUU3 IHKU DEC	∠ 003	PAGE 17,004

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MON'	THLY AVERAG	E
06 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION ITEM ON	IT.Y;				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,005 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

					1.1014	111111 1 111111111	J 11
1,536 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,328	57,443 \$	717,717.07	\$ 12.49	37.398 \$	540.45	\$ 467.26
@PHYSICIANS SERVICES	327	2,188 \$	29,287.12	\$ 13.39	1.424 \$	89.56	\$ 19.07
OUTPATIENT VISITS	10	13	484.13	37.24	.008	48.41	.32
OFFICE VISITS	9	11	331.45	30.13	.007	36.83	.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.001	76.34	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	34	1,209.31	35.57	.022	403.10	.79
HOSPITAL VISITS	3	34	1,209.31	35.57	.022	403.10	.79
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	107.01	35.67	.002	53.51	.07
EXAMINATIONS	2	3	107.01	35.67	.002	53.51	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	1	1	2.73	2.73	.001	2.73	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	2.73	2.73	.001	2.73	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	7	4,267.67	609.67	.005	1422.56	2.78
PRINCIPAL SURGEON	3	5	3,934.84	786.97	.003	1311.61	2.56
ASSISTANT SURGEON	2	2	332.83	166.42	.001	166.42	.22
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	30	1,494.22	49.81	.020	186.78	.97
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	51	227.86	4.47	.033	227.86	.15
OTHER SERVICES/ALL X-OVERS	315	2,049	21,494.19	10.49	1.334	68.24	13.99
@PHARMACY	1,206	24,185	\$ 504,485.93	\$ 20.86	15.745	\$ 418.31	\$ 328.44
PRESCRIPTION DRUGS	1,179	5,780	483,399.93	83.63	3.763	410.01	314.71

SNF/ICF	5	60		3,785.23		63.09	.039		757.05		2.46	
OUTPATIENTS	1,174	5,720		479,614.70		83.85	3.724		408.53		312.25	
MEDICAL SUPPLIES	230	18,405		21,086.00		1.15	11.982		91.68		13.73	
@DENTIST	67	241	\$	13,858.00	\$	57.50	.157	\$	206.84	\$	9.02	
VISITS - DIAGNOSTIC	37	141		1,687.00		11.96	.092		45.59		1.10	
ORAL SURGERY	8	17		817.00		48.06	.011		102.13		.53	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	10	10		1,483.00	-	148.30	.007		148.30		.97	
ENDODONTICS	6	7		1,726.00	2	246.57	.005		287.67		1.12	
RESTORATIVE DENTISTRY	21	48		5,045.00	-	105.10	.031		240.24		3.28	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	6	11		1,825.00	-	165.91	.007		304.17		1.19	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	2	2		350.00	-	175.00	.001		175.00		.23	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	3	5		925.00	-	185.00	.003		308.33		.60	
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MONTH-O	F-PAYMENT RE	EPORT I	FOR JAN	2003 THRU	DEC	2003	PF	AGE 17,006	
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/29/04	
TIII.ARE COINTY	STIMMARY OF SERVICES	T TITT SOT	T DISREGAR	D - DISABLEI	O ATD (CODES 3	6 66 6C					

----- MONTHLY AVERAGE -----

TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1 F2C ELIGIBLES	USERS	INITEG OF GEDIATOR		EXPENDIMINE	73 7.7	ERAGE COST			UDI AVEKA	.GE	COST PER
1,536 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							
OODHOMEHD I GH	F 0	OR DAYS OF CARE		2 410 01		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	52	132	\$	2,418.91	\$	18.33	.086	Ş	46.52	Ş	1.57
DIAGNOSTIC AND ANC. PROCED	1	107		47.45		47.45	.001		47.45		.03
EYE APPLIANCES	40	107		1,830.79		17.11	.070		45.77		1.19
OTHER OPTOMETRIC SERVICES	14 1	24		540.67	4	22.53	.016		38.62		.35
@CHIROPRACTOR	1	1	Ş	4.02	\$	4.02	.001	Ş	4.02	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1	_	4.02		4.02	.001		4.02		.00
@PODIATRIST	18	36	\$	360.01	\$	10.00	.023	Ş	20.00	Ş	.23
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	18	36		360.01		10.00	.023		20.00		.23
@HOME HEALTH AGENCY	2	18	\$	1,300.01	\$	72.22	.012	\$	650.01	\$.85
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	113	662	\$	55,888.77	\$	84.42	.431	\$	494.59	\$	36.39
HOSP INPATIENT TOTAL	29	143		40,871.79		285.82	.093		1409.37		26.61
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	2		18,802.09		9401.05	.001		9401.05		12.24
ACCOMMODATIONS	2	2		1,028.00		514.00	.001		514.00		.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	2		1,028.00		514.00	.001		514.00		.67
ANCILLARIES	2	0		17,774.09		.00	.000		8887.05		11.57
INPATIENT CROSSOVERS	27	141		22,069.70		156.52	.092		817.40		14.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	86	519		15,016.98		28.93	.338		174.62		9.78
MEDICAL	2	6		130.97		21.83	.004		65.49		.09
SURGERY	1	1		214.48		214.48	.001		214.48		.14
PATHOLOGY	10	32		340.12		10.63	.021		34.01		.22
RADIOLOGY	6	7		383.05		54.72	.005		63.84		.25
ROOM USE	ž	, 7		363.68		51.95	.005		121.23		.24
CROSSOVERS/ALL OTH OUTPINT	76	466		13,584.68		29.15	.303		178.75		8.84
@COUNTY HOSPITAL TOTAL	, 0	0	Ś	.00	\$.00	.000	\$.00	\$.00
00001.11 11001111111 1011111	· ·	•	~	.00	٧	.00	.000	~	.00	~	

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 17,007
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

TULARE COUNTY	SUMMARY OF SERV	/ICES FOR TITLE	TT DT	SREGARD - DISABLEL	AID CODES 36			
						MON		
1,536 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	113	662	\$	55,888.77	\$ 84.42	.431 \$		
COMM HOSP INPATIENT TOTAL	29	143		40,871.79	285.82	.093	1409.37	26.61
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2		18,802.09	9401.05	.001	9401.05	12.24
ACCOMMODATIONS	2	2		1,028.00	514.00	.001	514.00	.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2		1,028.00	514.00	.001	514.00	.67
ANCILLARIES	2	0		17,774.09	.00	.000	8887.05	11.57
INPATIENT CROSSOVERS	27	141		22,069.70	156.52	.092	817.40	14.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	519		15,016.98	28.93	.338	174.62	9.78
MEDICAL	2	6		130.97	21.83	.004	65.49	.09
SURGERY	1	1		214.48	214.48	.001	214.48	.14
PATHOLOGY	10	32		340.12	10.63	.021	34.01	.22
RADIOLOGY	6	7		383.05	54.72	.005	63.84	.25
ROOM USE	3	7		363.68	51.95	.005	121.23	.24
CROSSOVERS/ALL OTH OUTPTNT	76	466		13,584.68	29.15	.303	178.75	8.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	157	\$	22,417.54	\$ 142.79	.102 \$	4483.51	\$ 14.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	157		22,417.54	142.79	.102	4483.51	14.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	•	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	37	231	\$	19,168.67	\$ 82.98	.150 \$	518.07	\$ 12.48
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	231		19,168.67	82.98	.150	518.07	12.48
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.00	
@LABORATORY FACILITY	13	21 \$	285.09	\$	13.58	.014	\$ 21.93	\$.19	
PATHOLOGY	6	11	174.31		15.85	.007	29.05	.11	
XO AND OTHERS	7	10	110.78		11.08	.007	15.83	.07	
@ORGANIZED OUTPATIENT CLINIC	159	245 \$	12,325.35	\$	50.31	.160	\$ 77.52	\$ 8.02	
CLINIC	0	0	.00		.00	.000	.00	.00	
SURGICENTER	2	4	443.11		110.78	.003	221.56	.29	
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	157	241	11,882.24		49.30	.157	75.68	7.74	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 17,008	3
MOP024	FEE-FOR-SERVICE/DE	INTAL						01/29/04	1
TULARE COUNTY	SUMMARY OF SERVICE	ES FOR TITLE II	DISREGARD - DISABL	ED AID	CODES 36	66 6C			

----- MONTHLY AVERAGE -----USERS 1,536 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 55,917.65 \$ 1.91 28,130.29 639.32 @ALL OTHER PROVIDERS 29,326 \$ 19.092 \$ 165.93 \$ 36.40 15 .029 DURABLE MED. EQUIP. 44 1875.35 18.31 0 13 22 3 .000 .00 .00 0 .00 BLOOD BANK . 00 .00 .00 2,229.69 123.87 HEARING AID DISPENSERS 18 171.51 1.45 359 MEDICAL TRANSPORTATION .79 6 AMBULANCES/AIR TRANS .11 227 .41 OTHER TRANS 7 126 OTHER SERVICES .26 0 ACUPUNCTURE 0 .00 0 .00 ADULT DAY HEALTH CARE CTR 0 119 0 0 3 GENETIC DISEASE TESTING 0 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST 0 .00 OPTICIAN 1.13 PHYSICAL THERAPIST Ω .00 PORTABLE X-RAY 0 .00 3 PROSTHETIST/ORTHOTISTS .00 0 0 60 0 .00 PROSTHETICS ORTHOTICS .00 PSYCHOLOGIST Ο .00 SPEECH AND AUDIOLOGY 14 1.94 0 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 0 0 0 0 28,723 0 \$ LOCAL EDUCATION AGENCIES 0 .00 0 EPSDT SUPPLEMENTAL SERVICE .00 RESPIRATORY CARE PRACT. 0 .00 0 PED SUBACUTE REHAB/WEANING .00

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP** 593

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,009 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

12.78

.00

66.49

.00 \$

3.370 \$ 172.21 \$

						MO	M.T.H	HLY AVERAG	Œ٤	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	C	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00

^{254 28,723 19,630.38} 0 0 \$.00 \$ 593 5,176 \$ 102,122.14 \$ @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0						
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	n	0	.00	.00	.000	.00	.00
	0	0					
SNF/ICF/TRANS IP CARE	Ū	U	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	n	0 \$.00 \$.00	.000 \$		\$.00
	0	0 \$					
PRESCRIPTION DRUGS	U	U	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$		\$.00
	0	0	.00		-	.00	.00
VISITS - DIAGNOSTIC	0	0		.00	.000		
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
RESTORATIVE DENTISTRY	Ü	Ü	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	0.0	.00
SPACE MAINTAINERS	0	0				.00	
		U	0.0	0.0			0.0
	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000 .000 .000	.00 .00 .00	.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0 0 0	0 0 0	.00	.00 .00 .00	.000 .000 .000	.00	.00 .00 .00
FRACTURES, DISLOCATIONS	0 0 0 0	0 0 0 0	.00	.00	.000 .000 .000	.00 .00 .00	.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	•	~	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00 PAGE 17,010
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES MON /DENTAL	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR	.00 .00 .00 .00 T FOR JAN 20	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR	.00 .00 .00 .00 T FOR JAN 20	.000 .000 .000 .000 .000 03 THRU DEC	.00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON /DENTAL ICES FOR TITLE II DISR	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE	.000 .000 .000 .000 .000 03 THRU DEC	.00 .00 .00 .00 .00 2003	.00 .00 .00 .00 PAGE 17,010 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES MON /DENTAL	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE - ERAGE COST U	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C	.00 .00 .00 .00 .00 2003 LY AVERAG	.00 .00 .00 .00 PAGE 17,010 01/29/04 E
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON /DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE - ERAGE COST U	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C	.00 .00 .00 .00 .00 2003 LY AVERAG	.00 .00 .00 .00 PAGE 17,010 01/29/04 E
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE - ERAGE COST U R UNIT/DAY	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON / DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES MON / DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MON / DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MON / DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000 .000	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00 .00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00 .00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000 .000 .000 .000	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 \$.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00 .00 .00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00 .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PE .00 \$.00 .00 .00 .00	.00 .00 .00 .00 T FOR JAN 20 DISCONTINUE ERAGE COST U R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .000 .000 03 THRU DEC D MONTH NITS/DAYS C PER ELIG .000 \$.000 .000 .000 .000	.00 .00 .00 .00 .00 2003 LY AVERAG OST PER USER .00 .00 .00	.00 .00 .00 .00 PAGE 17,010 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 \$.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUF	RES MONTH-O	F-PAYMENT REPO	RT FOR JAN 20	03 THRU DEC	2003	PAGE 17,011
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGAR	D - FAMILIES	DISCONTINUE			
					-	MONT	HLY AVERAG	E

				MON	HLY AVERAGE	
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00 \$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000 \$.00 \$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000 \$.00 \$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE 0	OR DAYS OF CARE O	USERS	OR DAYS OF CARE O

LEV B-REGULAR	0	0	.00	.0	0 .000	.0	0	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.0	0 .000	\$.0	0 \$.00
ICF DDH	0	0	.00	.0	0 .000	.0	0	.00
ICF DD	0	0	.00	.0	0 .000	.0	0	.00
ICF DDN/DDCN	0	0	.00	.0	0 .000	.0	0	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.0	0 .000	\$.0	0 \$.00
HOSPITAL BASED	0	0	.00	.0	0 .000	.0	0	.00
HEMODIALYSIS CENTER	0	0	.00	.0	0 .000	.0	0	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.0	0 .000	\$.0	0 \$.00
HOSPITAL BASED	0	0	.00	.0	0 .000	.0	0	.00
INDEPENDENT FACILITY	0	0	.00	.0	0 .000	.0	0	.00
@LABORATORY FACILITY	0	0 \$.00	\$.0	0 .000	\$.0	0 \$.00
PATHOLOGY	0	0	.00	.0	0 .000	.0	0	.00
XO AND OTHERS	0	0	.00	.0	0 .000	.0	0	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.0	0 .000	\$.0	0 \$.00
CLINIC	0	0	.00	.0	0 .000	.0	0	.00
SURGICENTER	0	0	.00	.0	0 .000	.0	0	.00
HEROIN DETOX CLINIC	0	0	.00	.0	0 .000	.0	0	.00
RURAL HEALTH CLINIC	0	0	.00	.0	0 .000	.0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-OF-PAYMENT R	REPORT FOR J	AN 2003 THRU	DEC 2003	PI	AGE 17,012
MOP024	FEE-FOR-SERVICE/DENT	'AL						01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
00 221012220	002110	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

TULARE COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISF	REGARD - TOTAL				
								GE
4,888 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,264		\$	2,114,369.74	\$ 10.55	40.983	\$ 495.87	
@PHYSICIANS SERVICES	956	3,726	\$	52,163.36	\$ 14.00	.762		\$ 10.67
OUTPATIENT VISITS	11	14		502.23	35.87	.003	45.66	.10
OFFICE VISITS	10	12		349.55	29.13	.002	34.96	.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		152.68	76.34	.000	76.34	.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	Õ	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	34		1,209.31	35.57	.007	403.10	.25
HOSPITAL VISITS	2	34		1,209.31	35.57	.007	403.10	.25
CRITICAL CARE	5	0		.00	.00	.000	.00	
	0	0						.00
SNF/ICF/TRANS IP CARE	U	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4		115.02	28.76	.001	38.34	.02
EXAMINATIONS	3	4		115.02	28.76	.001	38.34	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1 0 1		2.73	2.73	.000	2.73	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1		2.73	2.73	.000	2.73	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	7		4,267.67	609.67	.001	1422.56	.87
PRINCIPAL SURGEON	3	5		3,934.84	786.97	.001	1311.61	.81
ASSISTANT SURGEON	2	2		332.83	166.42	.000	166.42	.07
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	8	30		1,494.22	49.81	.006	186.78	.31
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
	1	51		227.86	4.47	.010	227.86	.05
IMMUNIZATION AND INJECTION		3,585						
OTHER SERVICES/ALL X-OVERS	942 3,866		4	44,344.32	12.37	.733	47.07	9.07
@PHARMACY	3,800		\$	1,331,183.93	\$ 14.60	18.650		
PRESCRIPTION DRUGS	3,803 74	17,284		1,280,047.12	74.06	3.536	336.59	261.88
	74	558		32,021.15	57.39	.114	432.72	6.55
OUTPATIENTS	3,732	16,726		1,248,025.97	74.62	3.422	334.41	255.32
MEDICAL SUPPLIES	597	73,879		51,136.81	.69	15.114	85.66	10.46
@DENTIST	188		\$	39,175.25	\$ 51.89	.154		•
VISITS - DIAGNOSTIC	119	493		5,460.25	11.08	.101	45.88	1.12
ORAL SURGERY	19	46		2,152.00	46.78	.009	113.26	.44
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	17	17		2,429.00	142.88	.003	142.88	.50
ENDODONTICS	14	17		4,051.00	238.29	.003	289.36	.83
RESTORATIVE DENTISTRY	44	103		11,571.00	112.34	.021	262.98	2.37
PROSTHETICS	3	3		60.00	20.00	.001	20.00	.01
DENTURES, STAYPLATES	33	66		12,177.00	184.50	.014	369.00	2.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		350.00	175.00	.000	175.00	.07
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	5		925.00	185.00		308.33	
	3	2		.00	.00	.001		.19
ALL OTHER SERVICES			C 1/1/21			.000 	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	IOM C	NIU-OL-BAIMENI KI	LPUKI FUK JAN	ZUUS IHKU D	EC 2003	PAGE 17,014
MOP024	FEE-FOR-SERVICE		D T C T					01/29/04
TULARE COUNTY	SUMMARY OF SERV.	ICES FOR TITLE II	DISE	KEGARD - TOTAL		***	NTITET T. 2 2 7 7 7 7 2	CE
4 000 BI TOTRI BO	Hanna	INITES OF SERVICE			ATTED A CEL COCE			GE

4,888 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	169	457	\$	8,067.10	\$	17.65	.093	\$	47.73	Ś	1.65
DIAGNOSTIC AND ANC. PROCED	2	2	Ψ.	94.90	~	47.45	.000	т	47.45	т	.02
EYE APPLIANCES	130	358		6,213.19		17.36	.073		47.79		1.27
OTHER OPTOMETRIC SERVICES	52	97		1,759.01		18.13	.020		33.83		.36
@CHIROPRACTOR	9	12	\$	114.86	\$	9.57	.002	\$	12.76	\$.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	9	12		114.86		9.57	.002		12.76		.02
@PODIATRIST	99	195	\$	1,589.34	\$	8.15	.040	\$		\$.33
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	99	195		1,589.34		8.15	.040		16.05		.33
@HOME HEALTH AGENCY	2	18	\$	1,300.01	\$	72.22	.004	\$	650.01	\$. 27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER		-	Ş	.00	Ş	.00	.000	Ş	.00	\$.00
@TOTAL HOSPITAL HOSP INPATIENT TOTAL	301 83	1,423 288	Ş	106,166.49 82,692.83	Ş	74.61 287.13	.291 .059	\$	352.71 996.30	\$	21.72 16.92
HSC HOSPITALS	0.5	200		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	2		18,802.09		9401.05	.000		9401.05		3.85
ACCOMMODATIONS	2	2		1,028.00		514.00	.000		514.00		.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	2		1,028.00		514.00	.000		514.00		.21
ANCILLARIES	2	0		17,774.09		.00	.000		8887.05		3.64
INPATIENT CROSSOVERS	81	286		63,890.74		223.39	.059		788.77		13.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	223	1,135		23,473.66		20.68	.232		105.26		4.80
MEDICAL	3	7		193.95		27.71	.001		64.65		.04
SURGERY	1	1		214.48		214.48	.000		214.48		.04
PATHOLOGY	10	32		340.12		10.63	.007		34.01		.07
RADIOLOGY	6	7		383.05		54.72	.001		63.84		.08
ROOM USE	3	7		363.68		51.95	.001		121.23		.07
CROSSOVERS/ALL OTH OUTPTNT		1,081	4	21,978.38	d	20.33	.221	4	103.67	4	4.50
@COUNTY HOSPITAL TOTAL	2	2	\$	21.00	\$	10.50	.000	\$	10.50	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	2		21.00		10.50	.000		10.50		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		2		21.00		10.50	.000	D= 0	10.50		.00
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RI	EPOR.	T FOR JAN	2003 THRU	DEC	2003	PF	AGE 17,015
MOP024	FEE-FOR-SERVICE		TT D	ICDECADD TOTAL							01/29/04
TULARE COUNTY	SUMMAKI OF SERV	ICES FOR TITLE	тт р.	ISKEGAKD - IUIAL			M	\N.L.	HIV VILDA	CF -	
4,888 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	ΔV	ERAGE COST	UNITS/DAY		COST PER		COST PER
1,000 111011110	00110	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	299	1,421	\$	106,145.49	\$	74.70	.291		355.00		21.72
		•		•	•						

COMM HOSP INPATIENT TOTAL	83	288	82,692.83	287.13	.059	996.30	16.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2	18,802.09	9401.05	.000	9401.05	3.85
ACCOMMODATIONS	2	2	1,028.00	514.00	.000	514.00	.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2	1,028.00	514.00	.000	514.00	.21
ANCILLARIES	2	0	17,774.09	.00	.000	8887.05	3.64
INPATIENT CROSSOVERS	81	286	63,890.74	223.39	.059	788.77	13.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	221	1,133	23,452.66	20.70	.232	106.12	4.80
MEDICAL	3	7	193.95	27.71	.001	64.65	.04
SURGERY	1	1	214.48	214.48	.000	214.48	.04
PATHOLOGY	10	32	340.12	10.63	.007	34.01	.07
RADIOLOGY	6	7	383.05	54.72	.001	63.84	.08
ROOM USE	3	7	363.68	51.95	.001	121.23	.07

CROSSOVERS/ALL OTH OUTPINT	210	1,079		21,957.38		20.35	.221		104.56		4.49
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	·	.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	76	1,971	\$	259,761.82	\$	131.79	.403	\$	3417.92	\$	53.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	76	1,971		259,761.82		131.79	.403		3417.92		53.14
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	75	288	\$	43,889.90	\$	152.40	.059	\$	585.20	\$	8.98
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	75	288		43,889.90		152.40	.059		585.20		8.98
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	47	\$	524.82	\$	11.17		\$	20.99	\$.11
PATHOLOGY	8	22		299.98		13.64	.005		37.50		.06
XO AND OTHERS	17	25		224.84		8.99	.005		13.23		.05
@ORGANIZED OUTPATIENT CLINIC	499	799	\$	33,318.87	\$	41.70	.163	\$	66.77	\$	6.82
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	16	22		3,436.41		156.20	.005		214.78		.70
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	485	777		29,882.46		38.46	.159		61.61		6.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	'URES	MONTH-OF-PAYMENT RE	EPOR'	r for Jan	2003 THRU	DEC	2003	PI	AGE 17,016
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	TITLE	II D	ISREGARD - TOTAL							
							M	ONT	HLY AVERA	GE -	

4,888 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,189	99,470 \$	237,113.99	\$ 2.38	20.350	\$ 199.42	\$ 48.51
DURABLE MED. EQUIP.	45	115	54,719.24	475.82	.024	1215.98	11.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	115	173	21,584.61	124.77	.035	187.69	4.42
MEDICAL TRANSPORTATION	106	12,222	39,080.44	3.20	2.500	368.68	8.00
AMBULANCES/AIR TRANS	4	8	386.49	48.31	.002	96.62	.08
OTHER TRANS	88	12,035	37,959.26	3.15	2.462	431.36	7.77
OTHER SERVICES	18	179	734.69	4.10	.037	40.82	.15
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	119	1,315	51,161.98	38.91	.269	429.93	10.47
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	161	385	5,521.87	14.34	.079	34.30	1.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	36.60	6.10	.001	12.20	.01
PROSTHETIST/ORTHOTISTS	12	24	643.28	26.80	.005	53.61	.13
PROSTHETICS	12	24	643.28	26.80	.005	53.61	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	48	136	8,097.21	59.54	.028	168.69	1.66
HOSPICE SERVICES	1	4	437.80	109.45	.001	437.80	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	787	85,090	55,830.96	.66	17.408	70.94	11.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,867	16,068	\$ 267,086.62	\$ 16.62	3.287	\$ 143.06	\$ 54.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,017 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

TULARE COUNTY	SUMMARY OF SER	VICES FOR IN HOM	E SUPP	ORT - AGED	AID CO	DDE 18			
							NTHLY AVERA	AGE	
219 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE CO	OST UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/I	DAY PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	234	43,550	\$	130,516.68	\$ 3.00	198.858	\$ 557.76	\$	595.97
@PHYSICIANS SERVICES	57	143	Ė	2,511.31	\$ 17.56			Ś	11.47
OUTPATIENT VISITS	0	0	•	.00	.00		.00		.00
OFFICE VISITS	0	0		.00	.00		.00		.00
HOME VISITS	0	Ö		.00	.00		.00		.00
EMERGENCY ROOM	0	0		.00	.00		.00		.00
PREVENTIVE CARE	0	0		.00	.00		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00		.00		.00
OTHER OUTPATIENT	0	0		.00	.00		.00		.00
	0	0							
INPATIENT VISITS	0	-		.00	.00		.00		.00
HOSPITAL VISITS	0	0		.00	.00		.00		.00
CRITICAL CARE	0	0		.00	.00		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00		.00		.00
EXAMINATIONS	0	0		.00	.00		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00		.00		.00
DIALYSIS	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00		.00		.00
RADIOLOGY	0	0		.00	.00		.00		.00
PSYCHIATRY	0	Õ		.00	.00		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00		.00		.00
OTHER SERVICES/ALL X-OVERS	57	143		2,511.31	17.56		44.06		11.47
@PHARMACY	201	10,483	\$	86,338.84	\$ 8.24			\$	394.24
PRESCRIPTION DRUGS	195	1,176	Ą	82,723.03	70.34		424.22	Ą	377.73
	3	1,176		617.58	32.50		205.86		2.82
SNF/ICF									
OUTPATIENTS	193	1,157		82,105.45	70.96		425.42		374.91
MEDICAL SUPPLIES	44	9,307		3,615.81	.39		82.18		16.51
@DENTIST	3	8	\$	189.00	\$ 23.63			Ş	.86
VISITS - DIAGNOSTIC	1	6		84.00	14.00		84.00		.38
ORAL SURGERY	0	0		.00	.00		.00		.00
DRUGS	0	0		.00	.00		.00		.00
ANESTHESIA	0	0		.00	.00		.00		.00
PERIODONTICS	0	0		.00	.00		.00		.00
ENDODONTICS	0	0		.00	.00		.00		.00
RESTORATIVE DENTISTRY	1	1		55.00	55.00		55.00		. 25
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		50.00	50.00		50.00		.23
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00

 MAXILLOFACIAL SERVICES
 0
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 FRACTURES, DISLOCATIONS
 0
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 ORTHODONTIC SERVICES
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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PAGE 17,018 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

ALL OTHER SERVICES

PATHOLOGY

#CALIF DEPT OF HEALTH SERV

TULARE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

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TULARE COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPORT	Γ – AGED		AID CODE	18				
								M	ONT	HLY AVERA	GE	
219 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5		7	\$	134.20	\$	19.17	.032	\$	26.84	\$.61
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	2		6		118.18		19.70	.027		59.09		.54
OTHER OPTOMETRIC SERVICES	3		1		16.02		16.02	.005		5.34		.07
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0		Ö	4	.00	т.	.00	.000	т.	.00	т.	.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	5		20	\$	113.53	\$	5.68	.091	Ś	22.71	Ś	.52
MEDICINE/INJECTIONS	0		0	Υ	.00	Υ	.00	.000	٧	.00	~	.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	5		20		113.53		5.68	.091		22.71		.52
@HOME HEALTH AGENCY	0		0	Ċ	.00	Ġ	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	¢.	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	ς.	.00	\$.00	.000	\$.00	\$.00
	0		0	ې د	.00	\$.00	.000	۶ \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	ې د	.00	\$.00	.000				.00
FAMILY NURSE PRACTITIONER	18		181	ې د	10,569.52	\$ \$	58.40	.826	\$ \$.00 587.20	\$ \$	48.26
@TOTAL HOSPITAL				Ş	•	Þ			Þ		Þ	
HOSP INPATIENT TOTAL	10		80		8,678.75		108.48	.365		867.88		39.63
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	U		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U		•		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10		80		8,678.75		108.48	.365		867.88		39.63
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9		101		1,890.77		18.72	.461		210.09		8.63
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	9		101		1,890.77		18.72	.461		210.09		8.63
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
	•		•		0.0			0.00		0.0		

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RADIOLOGY 0 0 .00 .00 .00 .000 .00 0 0 .00 .00 .00 ROOM USE .000 .00 0 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .000 .00 PAGE 17,019 01/29/04 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MODOSA

MOP024	FEE-FOR-SERVICE/		ES MONTH-	-OF-PAYMENT	REPORT	FOR JAN 2	2003 THR) DE	C 2003	Р	01/29/04
TULARE COUNTY	SUMMARY OF SERVI		CIIDDODT	- VCED		AID CODE	1 Ω				01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUPPORT	- AGED		AID CODE		MON	THLY AVERA	CF	
219 ELIGIBLES	USERS	UNITS OF SERVICE	ī	EXPENDITURES	7/1/L	RAGE COST					COST PER
ZI) EDIGIDDED		OR DAYS OF CARE		ME ENDITORED		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18 10	181	\$	10,569.52		58.40		5 \$			48.26
COMM HOSP INPATIENT TOTAL	10	80	Ÿ	8,678.75	Y	108.48	.36		867.88	Y	39.63
HSC HOSPITALS	0	0		.00		.00	.00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.00		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.00		.00		.00
ANCILLARIES	0	0		.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	10	80		8,678.75		108.48	.36		867.88		39.63
ALL OTHER INPATIENT	0	0		.00		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	101		1,890.77		18.72	.46		210.09		8.63
MEDICAL	0	0		.00		.00	.00		.00		.00
SURGERY	0	0		.00		.00	.00		.00		.00
PATHOLOGY	0	0		.00		.00	.00		.00		.00
RADIOLOGY	0	0		.00		.00	.00		.00		.00
ROOM USE	0	0		.00		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		101		1,890.77		18.72	.46		210.09		8.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.00			Ġ	.00
MENTALLY ILL	0	0	Ÿ	.00	Y	.00	.00		.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.00		.00		.00
@NURSING FACILITY	5	58	Ś	8,874.37	\$	153.01	.26			Ś	40.52
LEV A-INTERMEDIATE	0	0	Ÿ	.00	۲	.00	.00		.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
LEV B-REGULAR	5	58		8,874.37		153.01	.26		1774.87		40.52
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.00			Ś	.00
ICF DDH	0	0	4	.00	т	.00	.00		.00	Υ	.00
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	6	7	\$	3,711.92	\$	530.27	.03			\$	16.95
HOSPITAL BASED	0	0	•	.00		.00	.00		.00	•	.00
HEMODIALYSIS CENTER	6	7		3,711.92		530.27	.03		618.65		16.95
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.00		.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.00		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.00		.00		.00
@LABORATORY FACILITY	1	1	\$	2.45	\$	2.45	.00	5 \$		\$.01
PATHOLOGY	0	0	·	.00	·	.00	.00		.00	·	.00
XO AND OTHERS	1	1		2.45		2.45	.00	5	2.45		.01
@ORGANIZED OUTPATIENT CLINIC	6	9	\$	873.89	\$	97.10	.04	L \$	145.65	\$	3.99
CLINIC	0	0		.00		.00	.00)	.00		.00
SURGICENTER	0	0		.00		.00	.00)	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.00)	.00		.00
RURAL HEALTH CLINIC	6	9		873.89		97.10	.04	L	145.65		3.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONTH-	-OF-PAYMENT	REPORT	FOR JAN 2	2003 THR	J DE		P	AGE 17,020
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUPPORT	- AGED		AID CODE	18				
								BECAT	TTTT 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	α	

219 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	93	32,633	\$ 17,197.65	\$.53	149.009	\$ 184.92	\$ 78.53
DURABLE MED. EQUIP.	2	3	127.99	42.66	.014	64.00	.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	100.00	25.00	.018	25.00	.46
MEDICAL TRANSPORTATION	9	251	774.26	3.08	1.146	86.03	3.54
AMBULANCES/AIR TRANS	1	25	192.36	7.69	.114	192.36	.88
OTHER TRANS	8	225	570.04	2.53	1.027	71.26	2.60
OTHER SERVICES	1	1	11.86	11.86	.005	11.86	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	27	106	7,707.43	72.71	.484	285.46	35.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	20	253.89	12.69	.091	36.27	1.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	187.47	46.87	.018	93.74	.86
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	73	32,245	8,046.61	.25	147.237	110.23	36.74
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	117	5,516	\$ 24,519.25	\$ 4.45	25.187	\$ 209.57	\$ 111.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,021
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TILLARE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

TULARE COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUPP	ORT - BLIND		AID CODE	28				
							MO	NTHLY	AVERA	GE -	
18 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COS	T PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	U	JSER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	20	123	\$	10,615.11	\$	86.30	6.833	\$ 5	30.76	\$	589.73
@PHYSICIANS SERVICES	3	7	\$	76.18	\$	10.88	.389	\$	25.39	\$	4.23
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	7		76.18		10.88	.389		25.39		4.23
@PHARMACY	16	70	\$	9,041.68	\$	129.17	3.889	\$ 5	65.11	\$	502.32
PRESCRIPTION DRUGS	15	56		8,048.41		143.72	3.111	5	36.56		447.13
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	15	56		8,048.41		143.72	3.111		36.56		447.13
MEDICAL SUPPLIES	7	14		993.27		70.95	.778		41.90		55.18
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	Λ	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 17,022
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPPO	RT - BLIND	AID CODE	28		
					MON7	CHLY AVERAG	E

	T PER GIBLE
@OPTOMETRIST 0 0 \$.00 \$.00 .000 \$.00 \$	GIBLE
DIAGNOSTIC AND ANC PROCED 0 0 00 00 00 00 00	.00
DIRECTION IN THE THE THE TWO TO THE TOTAL TOTAL TOTAL TOTAL THE TO	.00
EYE APPLIANCES 0 0 .00 .00 .00 .00	.00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00	.00
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00
VISITS 0 0 0 .00 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00 .00	.00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00	.00
OTHER 0 0 0 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY 0 0 \$.00 \$.00 \$.00 \$.00
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00
@TOTAL HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	.00
NON-HSC HOSPITAL TOTAL 0 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
MEDICAL 0 0 0 .00 .00 .00 .00	.00
SURGERY 0 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
ROOM USE 0 0 .00 .00 .00 .00	.00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00	.00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONT	H-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU I	DEC	2003	PA	GE 17,023
MOP024	FEE-FOR-SERVICE	DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPOR	T - BLIND		AID CODE	28				
							MC	TINC	HLY AVERA	GE -	
18 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	4	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Υ	.00	٧	.00	.000	۲	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	n	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	n	0	\$.00	\$.00	.000	\$.00	Ġ	.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD /DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	ິ ວ	3	\$	1,250.77	\$	416.92	.167	\$		Ś	69.49
HOSPITAL BASED	0	0	Ÿ	.00	ٻ	.00	.000	ų	.00	ې	.00
HEMODINIAGIC CENTED	0	0		1 250 77		416 02	167		625 20		60.40

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@REHABILITATION FACILITY

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HOSPITAL BASED INDEPENDENT FACILITY

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

@ORGANIZED OUTPATIENT CLINIC	6	7	\$	120.97	\$ 17.28	.389 \$	20.16	\$ 6.72
CLINIC	0	0	Ψ	.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	7		120.97	17.28	.389	20.16	6.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	JRES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 17,024
MOP024	FEE-FOR-SERVICE	DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR IN HO	ME SUPE	PORT - BLIND	AID CODE	28		
						MON'	THLY AVERA	GE
18 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	36	\$	125.51	\$ 3.49	2.000 \$	31.38	\$ 6.97
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	34		109.60	3.22	1.889	54.80	6.09
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	2	34		109.60	3.22	1.889	54.80	6.09
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	U	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	Ü	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	d	15.91	7.96	.111	7.96	.88
@CALIF. CHILDREN SERVICES*	Ü	0	Ş	.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@XOVER EXCLUDING STATE HOSP** 5

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,025
MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

1,342.86 \$ 111.91

.667 \$

268.57 \$

MONTHIT V ATTEDACE

74.60

12

						MOI	NIHLY AVERA	.GE -	
188 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	175	33,619	\$	95,796.11	\$ 2.85	178.824	\$ 547.41	\$	509.55
@PHYSICIANS SERVICES	39	86	\$	1,745.51	\$ 20.30	.457	\$ 44.76	\$	9.28
OUTPATIENT VISITS	4	8		263.51	32.94	.043	65.88		1.40
OFFICE VISITS	3	5		137.86	27.57	.027	45.95		.73
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	3	3		125.65	41.88	.016	41.88		.67
INPATIENT VISITS	2	5		224.67	44.93	.027	112.34		1.20

HOSPITAL VISITS	2	5	224.67	44.93	.027	112.34	1.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	44.68	44.68	.005	44.68	.24
PRINCIPAL SURGEON	1	1	44.68	44.68	.005	44.68	.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	4	4	63.57	15.89	.021	15.89	.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.005	5.45	.03
OTHER SERVICES/ALL X-OVERS	32	6 7	1,143.63	17.07	.356	35.74	6.08
@PHARMACY	144	754 \$	56,198.53	\$ 74.53	4.011 \$	390.27	
PRESCRIPTION DRUGS	139	684	53,316.11	77.95	3.638	383.57	283.60
	139	0	•		.000		.00
SNF/ICF	-	_	.00	.00		.00	
OUTPATIENTS	139	684	53,316.11	77.95	3.638	383.57	283.60
MEDICAL SUPPLIES	22	70	2,882.42	41.18	.372	131.02	15.33
@DENTIST	9	29 \$	1,013.00	\$ 34.93	.154 \$	112.56	
VISITS - DIAGNOSTIC	4	20	240.00	12.00	.106	60.00	1.28
ORAL SURGERY	1	3	255.00	85.00	.016	255.00	1.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.005	260.00	1.38
RESTORATIVE DENTISTRY	2	2	145.00	72.50	.011	72.50	.77
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	113.00	37.67	.016	37.67	.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	U	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 17,026
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUP	PORT - DISABLED	AID CODE			
					MONT		
188 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
188 ETIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	COST PER ELIGIBLE
188 ELIGIBLES @OPTOMETRIST	USERS 3		EXPENDITURES 138.58				ELIGIBLE
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	3	OR DAYS OF CARE 8 \$	138.58	PER UNIT/DAY \$ 17.32	PER ELIG .043 \$	USER 46.19	ELIGIBLE \$.74
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	3	OR DAYS OF CARE 8 \$	138.58 .00 138.58	PER UNIT/DAY \$ 17.32 .00 17.32	PER ELIG .043 \$.000 .043	USER 46.19 .00 46.19	ELIGIBLE \$.74 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	3	OR DAYS OF CARE 8 \$ 0 8 0	138.58 .00 138.58 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00	PER ELIG .043 \$.000 .043 .000	USER 46.19 .00 46.19 .00	\$.74 .00 .74 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	3	OR DAYS OF CARE 8 \$ 0 8 0 0 5 0 \$	138.58 .00 138.58 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00	PER ELIG .043 \$.000 .043 .000 .000 \$	USER 46.19 .00 46.19 .00	\$.74 .00 .74 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	3	OR DAYS OF CARE 8 \$ 0 8 0 0 0 5 0 \$ 0	138.58 .00 138.58 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 .00	PER ELIG .043 \$.000 .043 .000 .000 \$.000	USER 46.19 .00 46.19 .00 .00	\$.74 .00 .74 .00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	3	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 \$ 0	138.58 .00 138.58 .00 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 .00 .00	PER ELIG .043 \$.000 .043 .000 .000 \$.000	USER 46.19 .00 46.19 .00 .00 .00	\$.74 .00 .74 .00 \$.00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	3	OR DAYS OF CARE 8 \$ 0 8 0 0 0 5 0 \$ 0	138.58 .00 138.58 .00 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 .3.72	PER ELIG .043 \$.000 .043 .000 .000 \$.000 .000 .005 \$	USER 46.19 .00 46.19 .00 .00 .00 .00 .3.72	\$.74 .00 .74 .00 \$.00 \$.00 .00 .00 \$.02
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	3	OR DAYS OF CARE 8 \$ 0 8 8 0 8 0 5 0 1 \$ 0	138.58 .00 138.58 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 .00 \$ 3.72 .00	PER ELIG .043 \$.000 .043 .000 .000 \$.000 .000 .005 \$.000	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00	\$.74 .00 .74 .00 \$.00 \$.00 .00 .00 \$.02
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	3	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 \$ 0 \$ 0 \$ 0 0 1 \$ 0 0	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$.00 \$ 3.72 .00 .00	PER ELIG .043 \$.000 .043 .000 .000 \$.000 .005 \$.000 .000	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 .00 \$.02 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	3	OR DAYS OF CARE 8 \$ 0 8 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 0	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 3.72 .00 .00 .00	\$.74 .00 .74 .00 \$.00 \$.00 .00 \$.02 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	3	OR DAYS OF CARE 8 \$ 0 8 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 0 1 \$ 0 0 0 1	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$.00 .00 \$ 3.72 .00 .00 .00 .00 .00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .72	\$.74 .00 .74 .00 \$.00 \$.00 .00 .00 \$.02 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	3	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 \$ 0 \$ 0 0 1 \$ 0 0 1 \$ 0 5	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$.00 .00 \$ 3.72 .00 .00 3.72 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 3.72 .00 .00 .00 3.72 .00 .00	\$.74 .00 .74 .00 \$.00 \$.00 .00 .00 \$.02 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTICAND ANC. PROCED	3 0 3 0 0 0 0 0 1 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 \$ 0 \$ 0 \$ 1 \$ 0 0 1 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00 .00 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$ 3.72 .00 .00 .00 3.72 \$.00 \$.00 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 3.72 .00 .00 3.72 .00 .00 .00 3.72 .00 .00	\$.74 .00 .74 .00 \$.00 \$.00 .00 \$.02 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	3 0 3 0 0 0 0 0 1 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 \$ 0 0 \$ 0 0 \$ 1 \$ 0 0 0 \$ 1 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00 .00 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$ 3.72 .00 .00 .00 3.72 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 3.72 .00 .00 3.72 .00 .00 .00 .00 .00	\$.74 .00 .74 .00 \$.00 \$.00 .00 \$.02 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 \$ 0 0 \$ 0 0 0 \$ 1 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00 .00 3.72 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 \$.00 \$ 3.72 .00 .00 3.72 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 \$.00 \$ 3.72 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .043 \$.000 .043 .000 .000 \$.000 \$.000 .005 \$.000 .000 .005 \$.000 \$	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 .00 \$.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 \$.00 \$ 3.72 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .043 \$.000 .043 .000 .000 \$.000 \$.000 .005 \$.000 .000 .005 \$.000 \$	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 .00 \$.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$ 3.72 .00 .00 .00 3.72 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	138.58 .00 138.58 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$ 3.72 .00 .00 .00 3.72 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ETAMILY NURSE PRACTITIONER ETOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 9 0 \$ 0 0 \$ 0 0 1 \$ 0 0 0 0 1 0 0 \$ 0 0 \$ 0 0 \$ 150 \$ 12 3	138.58 .00 138.58 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 \$.00	PER ELIG	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 \$.00 .00 \$ 3.72 .00 .00 3.72 \$.00	PER ELIG .043 \$.000 .043 .000 .043 .000 .000 \$.000 \$.000 .005 \$.000 .005 .000 \$.0	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	3 0 3 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 3.72 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .043 \$.000 .043 .000 .043 .000 .000 \$.000 \$.000 \$.000 .000 .000 \$	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	3 0 3 0 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0	OR DAYS OF CARE 8 \$ 0 8 0 8 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	138.58 .00 138.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.32 .00 17.32 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 3.72 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .043 \$.000 .043 .000 .043 .000 .000 \$.000 \$.000 .005 \$.000 .005 .000 \$.0	USER 46.19 .00 46.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.74 .00 .74 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 \$.00

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INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY	2	2		36.40	18.20	.011	18.20		.19
PATHOLOGY	5	27		357.68	13.25	.144	71.54		1.90
RADIOLOGY	4	4		145.45	36.36	.021	36.36		.77
ROOM USE	8	9		303.53	33.73	.048	37.94		1.61
CROSSOVERS/ALL OTH OUTPTNT	13	88		5,486.31	62.34	.468	422.02		29.18
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000			.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	.00	.000	.00	Ą	.00
	0	0		.00		.000	.00		.00
HSC HOSPITALS	0	0			.00				
NON-HSC HOSPITALS TOTAL	U	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
	0	0		.00					
CROSSOVERS/ALL OTH OUTPINT		•	G 1/01/77		.00	.000	.00	D3.00	.00
	MEDI-CAL SERVICES		S MONTH	I-OF-PAYMENT RE	PORT FOR JAN	2003 THRU I	DEC 2003		17,027
	FEE-FOR-SERVICE/D							0	1/29/04
TULARE COUNTY	SUMMARY OF SERVICE	ES FOR IN HOME	SUPPORT	' - DISABLED	AID CODE				
							ONTHLY AVERA		
		NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COS	T PER
		OR DAYS OF CARE			PER UNIT/DAY	T UNITS/DAYS	S COST PER USER	COS ELI	
		OR DAYS OF CARE	\$	EXPENDITURES 13,550.68	PER UNIT/DAY	UNITS/DAYS	S COST PER USER	COS ELI	T PER
		OR DAYS OF CARE			PER UNIT/DAY	T UNITS/DAYS	S COST PER USER \$ 615.94 2344.00	COS ELI \$	T PER GIBLE
@COMMUNITY HOSPITAL TOTAL	22	OR DAYS OF CARE 150		13,550.68	PER UNIT/DAY \$ 90.34	T UNITS/DAYS Y PER ELIG .798	COST PER USER \$ 615.94	COS ELI \$	T PER GIBLE 72.08
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	22	OR DAYS OF CARE 150 12		13,550.68 7,032.00	PER UNIT/DAY \$ 90.34 586.00 1800.00	T UNITS/DAYS Z PER ELIG .798 .064	S COST PER USER \$ 615.94 2344.00	COS ELI \$	T PER GIBLE 72.08 37.40
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	22 3 1 0	OR DAYS OF CARE 150 12 3		13,550.68 7,032.00 5,400.00 48.00CR	PER UNIT/DAY \$ 90.34 586.00 1800.00	T UNITS/DAYS T PER ELIG .798 .064 .016 .000	S COST PER USER \$ 615.94 2344.00 5400.00	COS ELI \$	T PER GIBLE 72.08 37.40 28.72
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	22 3 1	OR DAYS OF CARE 150 12 3 0		13,550.68 7,032.00 5,400.00 48.00CR	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00	UNITS/DAYS PER ELIG .798 .064 .016 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	22 3 1 0 0	OR DAYS OF CARE 150 12 3 0		13,550.68 7,032.00 5,400.00 48.00CR .00 .00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00	T UNITS/DAYS 7 PER ELIG 798 .064 .016 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	22 3 1 0 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0		13,550.68 7,032.00 5,400.00 48.00CR .00 .00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00	T UNITS/DAYS 7 PER ELIG 798 .064 .016 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	22 3 1 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0		13,550.68 7,032.00 5,400.00 48.00CR .00 .00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00	T UNITS/DAYS 7 PER ELIG 798 .064 .016 .000 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	22 3 1 0 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 0		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 .00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00	T UNITS/DAYS 7 PER ELIG .798 .064 .016 .000 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	22 3 1 0 0 0 0 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 9		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 .00 48.00CR 1,680.00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .00 .26CR 8.94
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	22 3 1 0 0 0 0 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 0 9 0		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 .00 48.00CR 1,680.00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .00 .26CR 8.94 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	22 3 1 0 0 0 0 0 0 0 2 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 138		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 .00 48.00CR 1,680.00 .00 6,518.68	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .00 47.24	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .000	S COST PER	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .00 .26CR 8.94 .00 34.67
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	22 3 1 0 0 0 0 0 0 0 2 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 138		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .00 47.24 23.66	T UNITS/DAYS 7 PER ELIG 798 .064 .016 .000 .000 .000 .000 .000 .000 .000	S COST PER	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	22 3 1 0 0 0 0 0 0 0 2 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 138		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 6,518.68 189.31 36.40	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .0	T UNITS/DAYS 7 PER ELIG 798 .064 .016 .000 .000 .000 .000 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .00 .26CR 8.94 .00 34.67 1.01
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	22 3 1 0 0 0 0 0 0 0 2 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 138		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .0	T UNITS/DAYS 7 PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	22 3 1 0 0 0 0 0 0 0 2 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 138		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 47.24 23.66 18.20 13.25 36.36	T UNITS/DAYS 7 PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021	\$ COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	22 3 1 0 0 0 0 0 0 0 2 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 138		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 47.24 23.66 18.20 13.25 36.36 33.73	T UNITS/DAYS 7 PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021	\$ COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 343.09 37.86 18.20 71.54 36.36 37.94	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	22 3 1 0 0 0 0 0 0 2 0 19 5 2 5 4 8 13	OR DAYS OF CARE 150 12 3 0 0 0 0 138 8 2 27 4 9 88	\$	13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53 5,486.31	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 47.24 23.66 18.20 13.25 36.36 33.73 62.34	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021 .048 .468	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 343.09 37.86 18.20 71.54 36.36 37.94 422.02	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61 29.18
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	22 3 1 0 0 0 0 0 0 2 0 19 5 2 5 4 8 13 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 0 138 8 2 27 4 9 88 0		13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53 5,486.31	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 186.67 .00 47.24 23.66 18.20 13.25 36.36 33.73 62.34 \$.00	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021 .048 .468 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61 29.18 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	22 3 1 0 0 0 0 0 0 2 0 19 5 2 5 4 8 13 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 138 8 2 27 4 9 88	\$	13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53 5,486.31	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 47.24 23.66 18.20 13.25 36.36 33.73 62.34	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021 .048 .468	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 343.09 37.86 18.20 71.54 36.36 37.94 422.02	COS ELI \$	T PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61 29.18
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	22 3 1 0 0 0 0 0 0 2 0 19 5 2 5 4 8 13 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 0 138 8 2 27 4 9 88 0 0 0 0 0	\$	13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53 5,486.31	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 186.67 .00 47.24 23.66 18.20 13.25 36.36 33.73 62.34 \$.00	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021 .048 .468 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61 29.18 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	22 3 1 0 0 0 0 0 0 2 0 19 5 2 5 4 8 13 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 0 138 8 2 27 4 9 88 0 0 0 0 0	\$	13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53 5,486.31 .00 .00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .00 186.67 .00 47.24 23.66 18.20 13.25 36.36 33.73 62.34 \$.00 .00	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021 .048 .468 .000 .000	\$ COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 343.09 37.86 18.20 71.54 366.36 37.94 422.02 \$.00 .00 .00 .00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61 29.18 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	22 3 1 0 0 0 0 0 0 2 0 19 5 2 5 4 8 13 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 0 138 8 2 27 4 9 88 0 0 0 0 0	\$	13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53 5,486.31 .00 .00 .00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .00 186.67 .00 47.24 23.66 18.20 13.25 36.36 33.73 62.34 \$.00 .00 .00	T UNITS/DAYS PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021 .048 .468 .000 .000 .000	\$ COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 343.09 37.86 18.20 71.54 366.36 37.94 422.02 \$.00 .00 .00 .00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61 29.18 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	22 3 1 0 0 0 0 0 0 2 0 19 5 2 5 4 8 13 0 0	OR DAYS OF CARE 150 12 3 0 0 0 0 0 0 138 8 2 27 4 9 88 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	13,550.68 7,032.00 5,400.00 48.00CR .00 .00 .00 .00 48.00CR 1,680.00 .00 6,518.68 189.31 36.40 357.68 145.45 303.53 5,486.31 .00 .00 .00 .00	PER UNIT/DAY \$ 90.34 586.00 1800.00 .00 .00 .00 .00 .00 .00 .00 186.67 .00 47.24 23.66 18.20 13.25 36.36 33.73 62.34 \$.00 .00 \$.00 \$	T UNITS/DAYS 7 PER ELIG .798 .064 .016 .000 .000 .000 .000 .000 .000 .048 .000 .734 .043 .011 .144 .021 .048 .468 .000 .000 .000 .000	S COST PER USER \$ 615.94 2344.00 5400.00 .00 .00 .00 .00 .00 .00 840.00 .00 343.09 37.86 18.20 71.54 36.36 37.94 422.02 \$.00 .00 \$.00	COS ELI \$	TT PER GIBLE 72.08 37.40 28.72 .26CR .00 .00 .00 .26CR 8.94 .00 34.67 1.01 .19 1.90 .77 1.61 29.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDH

ICF DD

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$		\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	4 \$		\$ 3.53	.021 \$	4.71	
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	3	4	14.13	3.53	.021	4.71	.08
@ORGANIZED OUTPATIENT CLINIC	6	7 \$	500.99	\$ 71.57	.037 \$	83.50	\$ 2.66
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	7	500.99	71.57	.037	83.50	2.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	2003 THRU DEC	2003	PAGE 17,028
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME S	UPPORT - DISABLED	AID CODE	68		
					MONT	HLY AVERA	GE
188 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	66	32,580 \$,	\$.69	173.298 \$	342.89	\$ 120.38
DURABLE MED. EQUIP.	17	42	14,547.46	346.37	.223	855.73	77.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	952.57	317.52	.016	476.29	5.07
MEDICAL TRANSPORTATION	3	97	606.06	6.25	.516	202.02	3.22
AMBULANCES/AIR TRANS	2	92	581.08	6.32	.489	290.54	3.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	5	24.98	5.00	.027	24.98	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	4	372.93	93.23	.021	186.47	1.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	147.99	13.45	.059	29.60	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	1	294.00	294.00	.005	147.00	1.56
PROSTHETICS	2	Ţ	294.00	294.00	.005	147.00	1.56
ORTHOTICS	0	U	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	U	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	4 0	187.47	46.87	.021	93.74	1.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PAGE 17,029 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL TULARE COUNTY

Ω

0

160

32,418

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

0

47

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62

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\$

5,522.49

5,090.76

29,722.06

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185.76

15.29

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.851 \$

1.771 \$

172.436

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117.50

----- MONTHLY AVERAGE -----

1486.10 \$

82.11 \$

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29.37

27.08

158.10

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	429	77,292 \$	236,927.90	\$ 3.07	181.864	\$ 552.28	\$ 557.48
@PHYSICIANS SERVICES	99	236 \$	4,333.00	\$ 18.36	.555		\$ 10.20
OUTPATIENT VISITS	4	8	263.51	32.94	.019	65.88	.62
OFFICE VISITS	3	5	137.86	27.57	.012	45.95	.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
EMERGENCY ROOM			.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	125.65	41.88	.007	41.88	.30
INPATIENT VISITS	2	5	224.67	44.93	.012	112.34	.53
HOSPITAL VISITS	2	5	224.67	44.93	.012	112.34	.53
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SERVICES AND MATERIALS	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	44.68	44.68	.002	44.68	.11
PRINCIPAL SURGEON	1	1	44.68	44.68	.002	44.68	.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
DIALYSIS	0	0			.000		.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	4	4	63.57	15.89	.009	15.89	.15
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.002	5.45	.01
OTHER SERVICES/ALL X-OVERS	92	217	3,731.12	17.19	.511	40.56	8.78
@PHARMACY	361	11,307 \$	151,579.05	\$ 13.41	26.605	\$ 419.89	\$ 356.66
PRESCRIPTION DRUGS	349	1,916	144,087.55	75.20	4.508	412.86	339.03
SNF/ICF	3	19	617.58	32.50	.045	205.86	1.45
OUTPATIENTS	347	1,897	143,469.97	75.63	4.464	413.46	337.58
	73	· · · · · · · · · · · · · · · · · · ·	-	.80	22.096	102.62	17.63
MEDICAL SUPPLIES		9,391	7,491.50				
@DENTIST	12	37 \$	1,202.00	\$ 32.49	.087		•
VISITS - DIAGNOSTIC	5	26	324.00	12.46	.061	64.80	. 76
ORAL SURGERY	1	3	255.00	85.00	.007	255.00	.60
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.002	260.00	.61
RESTORATIVE DENTISTRY	3	3	200.00	66.67	.007	66.67	. 47
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	Δ	163.00	40.75	.009	40.75	.38
•	0	0	.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.00	
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MONT	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 17,030
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUPPOR	RT - TOTAL				
					M	ONTHLY AVERA	GE
425 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS			
120 221012	00210	OR DAYS OF CARE	BMI BNDI TORBO	PER UNIT/DA			
@OPTOMETRIST	8	15 \$	272.78			\$ 34.10	
			4/4./8	ν το·τλ			•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00 18.34	.000	.00	.00
EYE APPLIANCES	5	14					.60
OTHER OPTOMETRIC SERVICES	3	1	16.02	16.02	.002	5.34	.04

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	21	\$ 117.25	\$ 5.58	.049	\$ 19.54	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	21	117.25	5.58	.049	19.54	.28
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	40	331	\$ 24,120.20	\$ 72.87	.779	\$ 603.01	\$ 56.75
HOSP INPATIENT TOTAL	13	92	15,710.75	170.77	.216	1208.52	36.97
HSC HOSPITALS	1	3	5,400.00	1800.00	.007	5400.00	12.71

NON-HSC HOSPITAL TOTAL 0 0 48.00CR .00 .00 .00 .11c ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00	-
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	-

TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00	
ANCILLARIES 0 0 48.00CR .00 .000 .00 .110	٦p
INPATIENT CROSSOVERS 12 89 10,358.75 116.39 .209 863.23 24.37	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	
HOSP OUTPATIENT TOTAL 28 239 8,409.45 35.19 .562 300.34 19.79	
MEDICAL 5 8 189.31 23.66 .019 37.86 .45	
SURGERY 2 2 36.40 18.20 .005 18.20 .09	
PATHOLOGY 5 27 357.68 13.25 .064 71.54 .84	
RADIOLOGY 4 4 145.45 36.36 .009 36.36 .34	
RADIOLOGI 4 1 143.43 30.30 .009 30.30 .34 ROOM USE 8 9 303.53 33.73 .021 37.94 .71	
CROSSOVERS/ALL OTH OUTPTNT 22 189 7,377.08 39.03 .445 335.32 17.36	
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00	
CO HOSPITAL INPATIENT TOTAL 0 0 .00 3 .00 .00 .00 .00 .00 .00 .00 .	
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	
MEDICAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00	
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,0	2.1
MOP024 FEE-FOR-SERVICES AND EXPENDITORES MONTH-OF-PAIMENT REPORT FOR UAN 2003 THRO DEC 2003 PAGE 17,0.	
TULARE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	04
TOLARE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL MONTHLY AVERAGE	
425 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	
OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DATS COST PER COS	
@COMMUNITY HOSPITAL TOTAL 40 331 \$ 24,120.20 \$ 72.87 .779 \$ 603.01 \$ 56.75	
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'	an
***************************************	CK
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	

425 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	331 \$	24,120.20	\$ 72.87	.779 \$	603.01	\$ 56.75
COMM HOSP INPATIENT TOTAL	13	92	15,710.75	170.77	.216	1208.52	36.97
HSC HOSPITALS	1	3	5,400.00	1800.00	.007	5400.00	12.71
NON-HSC HOSPITALS TOTAL	0	0	48.00CR	.00	.000	.00	.11CR
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	48.00CR	.00	.000	.00	.11CR
INPATIENT CROSSOVERS	12	89	10,358.75	116.39	.209	863.23	24.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	239	8,409.45	35.19	.562	300.34	19.79
MEDICAL	5	8	189.31	23.66	.019	37.86	.45
SURGERY	2	2	36.40	18.20	.005	18.20	.09
PATHOLOGY	5	27	357.68	13.25	.064	71.54	.84
RADIOLOGY	4	4	145.45	36.36	.009	36.36	.34
ROOM USE	8	9	303.53	33.73	.021	37.94	.71
CROSSOVERS/ALL OTH OUTPTNT	22	189	7,377.08	39.03	.445	335.32	17.36
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	5	58	\$	8,874.37	\$	153.01	.136	\$	1774.87	\$	20.88
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	58		8,874.37		153.01	.136		1774.87		20.88
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	10	\$	4,962.69	\$	496.27	.024	\$	620.34	\$	11.68
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	10		4,962.69		496.27	.024		620.34		11.68
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	16.58	\$	3.32	.012	\$	4.15	\$.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	4	5		16.58		3.32	.012		4.15		.04
@ORGANIZED OUTPATIENT CLINIC	18	23	\$	1,495.85	\$	65.04	.054	\$	83.10	\$	3.52
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	23		1,495.85		65.04	.054		83.10		3.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 17,032
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPPORT	- TOTAL							
							M	IONT	HLY AVERA	.GE	

425 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
120 22101222	002110	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	163	65,249 \$	39,954.13	\$.61	153.527		
DURABLE MED. EQUIP.	19	45	14,675.45	326.12	.106	772.39	34.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,052.57	150.37	.016	175.43	2.48
MEDICAL TRANSPORTATION	14	382	1,489.92	3.90	.899	106.42	3.51
AMBULANCES/AIR TRANS	3	117	773.44	6.61	.275	257.81	1.82
OTHER TRANS	10	259	679.64	2.62	.609	67.96	1.60
OTHER SERVICES	2	6	36.84	6.14	.014	18.42	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	29	110	8,080.36	73.46	.259	278.63	19.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	31	401.88	12.96	.073	33.49	.95
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	1	294.00	294.00	.002	147.00	.69
PROSTHETICS	2	1	294.00	294.00	.002	147.00	.69
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	374.94	46.87	.019	93.74	.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	122	64,665	13,585.01	.21	152.153	111.35	31.96
@CALIF. CHILDREN SERVICES*	20	160 \$	29,722.06	\$ 185.76	.376	\$ 1486.10	\$ 69.93

@XOVER EXCLUDING STATE HOSP** 184 5,861 \$ 30,952.87 \$ 5.28 13.791 \$ 168.22 \$ 72.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,033 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

TULARE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASS	ISTANCE - AGED				~
54 000					MON'		
54,293 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	41,715	1,421,936 \$	18,309,868.45	\$ 12.88	26.190 \$	438.93	\$ 337.24
@PHYSICIANS SERVICES	8,204	27,697 \$	396,691.99	\$ 14.32	.510 \$	48.35	\$ 7.31
OUTPATIENT VISITS	78	97	3,818.82	39.37	.002	48.96	.07
OFFICE VISITS	67	83	2,631.31	31.70	.002	39.27	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	14	1,187.51	84.82	.000	84.82	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
	11	38	1,818.14	47.85	.001	165.29	
INPATIENT VISITS			1,818.14				.03
HOSPITAL VISITS	11	38	1,818.14	47.85	.001	165.29	.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	19	21	433.82	20.66	.000	22.83	.01
EXAMINATIONS	19	21	433.82	20.66	.000	22.83	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	37	4,547.87	122.92	.001	757.98	.08
PRINCIPAL SURGEON	5	8	3,481.50	435.19	.000	696.30	.06
ASSISTANT SURGEON	1	1	421.07	421.07	.000	421.07	.01
ANESTHESIOLOGIST	1	28	645.30	23.05	.001	645.30	.01
OUTPATIENT SURGERY	14	61	1,626.10	26.66	.001	116.15	.03
PRINCIPAL SURGEON	12	12	1,439.48	119.96	.000	119.96	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	49	186.62	3.81	.001	93.31	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	22	145.25	6.60	.000	20.75	.00
	47						
RADIOLOGY		65	1,406.79	21.64	.001	29.93	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	8	26.23	3.28	.000	8.74	.00
OTHER SERVICES/ALL X-OVERS	8,079	27,348	382,868.97	14.00	.504	47.39	7.05
@PHARMACY	36,514	562,663 \$	9,982,168.86	\$ 17.74	10.363 \$		\$ 183.86
PRESCRIPTION DRUGS	36,012	142,444	9,588,279.76	67.31	2.624	266.25	176.60
SNF/ICF	993	6,283	309,349.58	49.24	.116	311.53	5.70
OUTPATIENTS	35,096	136,161	9,278,930.18	68.15	2.508	264.39	170.90
MEDICAL SUPPLIES	4,593	420,219	393,889.10	.94	7.740	85.76	7.25
@DENTIST	2,019	9,086 \$	419,224.05	\$ 46.14	.167 \$	207.64	\$ 7.72
VISITS - DIAGNOSTIC	1,204	5,219	56,082.24	10.75	.096	46.58	1.03
ORAL SURGERY	378	1,142	57,030.68	49.94	.021	150.87	1.05
DRUGS	4	, 8	15.00	1.88	.000	3.75	.00
ANESTHESIA	14	14	1,000.00	71.43	.000	71.43	.02
PERIODONTICS	174	180	20,778.25	115.43	.003	119.42	.38
ENDODONTICS	93	110	24,244.00	220.40	.002	260.69	.45
RESTORATIVE DENTISTRY	456	1,067	90,757.00	85.06	.020	199.03	1.67
PROSTHETICS	26	28	709.00	25.32	.001	27.27	.01
	503	1,265	168,607.88	133.29	.023	335.20	3.11
DENTURES, STAYPLATES	0				.023		
SPACE MAINTAINERS	0	0	.00	.00		.00	.00
MAXILLOFACIAL SERVICES	-	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	51	53	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,034 MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

TULARE COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC AS	SISTANCE - AGED				
						THLY AVERAG	
54,293 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,542	4,069 \$	73,104.79	\$ 17.97	.075 \$	47.41	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	86	86	3,834.88	44.59	.002	44.59	.07
EYE APPLIANCES	1,114	3,179	54,880.56	17.26	.059	49.26	1.01
OTHER OPTOMETRIC SERVICES	521	804	14,389.35	17.90	.015	27.62	.27
@CHIRODRACTOR	79	133 \$		\$ 9.99	.002 \$		
VISITS	1	2	33.44	16.72	.000	33.44	.00
OTHER SERVICES	79	131	1,294.82	9.88	.002	16.39	.02
@PODIATRIST	769	1,580 \$		\$ 8.38	.029 \$		
MEDICINE/INJECTIONS	, 05	1,300 \$.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	760	1,580	13,242.15	8.38	.029	17.22	.24
@HOME HEALTH AGENCY	79 769 0 0 0 769 1 3	1,560	149.72		.000 \$		
WHOME REALIR AGENCY		2 \$ 37 \$ 0 \$ 0 \$ 2 \$	93.11	•			•
NURSE ANESTHESIST	3	3/ \$		\$ 2.52	.001 \$		\$.00
	0	U \$.00	\$.00	.000 \$		•
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	1	2 \$	59.09	\$ 29.55	.000 \$		
@TOTAL HOSPITAL	2,761 849	13,767 \$	2,171,032.58	\$ 157.70	.254 \$		
HOSP INPATIENT TOTAL	849	3,647	1,968,144.35	539.66	.067	2318.19	36.25
HSC HOSPITALS	21	126	115,190.64	914.21	.002	5485.27	2.12
NON-HSC HOSPITAL TOTAL	135	704	1,299,140.90	1845.37	.013	9623.27	23.93
ACCOMMODATIONS	133	704	262,040.30	372.22	.013	1970.23	4.83
ADMINISTRATIVE DAYS	3	15	3,199.80	213.32	.000	1066.60	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	131	689	258,840.50	375.68	.013	1975.88	4.77
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	135	0	1,037,100.60	.00	.000	7682.23	19.10
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	697	2,817	553,812.81	196.60	.052	794.57	10.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1.993	10,120	202,888.23	20.05	.186	101.80	3.74
MEDICAL	17	36	1,570.41	43.62	.001	92.38	.03
SURGERY	6	9	206.67	22.96	.000	34.45	.00
PATHOLOGY	36	162	1,606.62	9.92	.003	44.63	.03
RADIOLOGY	27	37	2,347.61	63.45	.001	86.95	.04
ROOM USE	20	114	1,304.85	11.45	.002	65.24	.02
CROSSOVERS/ALL OTH OUTPTNT			195,852.07	20.06	.180	100.64	3.61
@COUNTY HOSPITAL TOTAL	16	9,762 51 \$		\$ 71.93	.001 \$		
CO HOSPITAL INPATIENT TOTAL		2	3,230.00	1615.00	.000	1615.00	.06
HSC HOSPITALS	1	2	2,390.00	1195.00	.000	2390.00	.04
NON-HSC HOSPITALS TOTAL	0	2	3,230.00 2,390.00 .00 .00 .00 .00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00				
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	49	438.59	8.95	.001	29.24	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	42.63	4.74	.000	42.63	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	14	40	395.96	9.90	.001	28.28	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 17,035

					MO	NTHLY AVERA	GE	_
54,293 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	R
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@COMMUNITY HOSPITAL TOTAL	2,745	13,716	\$ 2,167,363.99	\$ 158.02	.253	\$ 789.57	\$ 39.93	2
COMM HOSP INPATIENT TOTAL	847	3,645	1,964,914.35	539.07	.067	2319.85	36.1	9
HSC HOSPITALS	20	124	112,800.64	909.68	.002	5640.03	2.08	8
NON-HSC HOSPITALS TOTAL	135	704	1,299,140.90	1845.37	.013	9623.27	23.9	3
ACCOMMODATIONS	133	704	262,040.30	372.22	.013	1970.23	4.8	3
ADMINISTRATIVE DAYS	3	15	3,199.80	213.32	.000	1066.60	.00	6
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	0
ALL OTHER ACCOM	131	689	258,840.50	375.68	.013	1975.88	4.7	7
ANCILLARIES	135	0	1,037,100.60	.00	.000	7682.23	19.1	0
INPATIENT CROSSOVERS	696	2,817	552,972.81	196.30	.052	794.50	10.18	8
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	0

COMM HOSP OUTPATIENT TOTAL	1,978	10,071		202,449.64		20.10	.185		102.35		3.73
MEDICAL	17	36		1,570.41		43.62	.001		92.38		.03
SURGERY	6	9		206.67		22.96	.000		34.45		.00
PATHOLOGY	35	153		1,563.99		10.22	.003		44.69		.03
RADIOLOGY	27	37		2,347.61		63.45	.001		86.95		.04
ROOM USE	20	114		1,304.85		11.45	.002		65.24		.02
CROSSOVERS/ALL OTH OUTPTNT	1,932	9,722		195,456.11		20.10	.179		101.17		3.60
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	997	24,161	\$	3,326,940.48	\$	137.70	.445	\$	3336.95	\$	61.28
LEV A-INTERMEDIATE	0	. 0	·	.00	•	.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	18	541		311,473.05		575.74	.010		17304.06		5.74
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	981	23,620		3,015,467.43		127.67	.435		3073.87		55.54
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	278	422	\$	167,941.91	\$	397.97	.008	\$	604.11	\$	3.09
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	278	422		167,941.91		397.97	.008		604.11		3.09
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	227	500	\$	4,666.75	\$	9.33	.009	\$	20.56	\$.09
PATHOLOGY	57	170		2,554.38		15.03	.003		44.81		.05
XO AND OTHERS	170	330		2,112.37		6.40	.006		12.43		.04
@ORGANIZED OUTPATIENT CLINIC	5,716	9,704	\$	413,108.50	\$.179	\$	72.27	\$	7.61
CLINIC	2	2		449.40		224.70	.000		224.70		.01
SURGICENTER	139	179		26,591.55		148.56	.003		191.31		.49
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5,599	9,523		386,067.55		40.54	.175		68.95		7.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE	EPOR:	r for jan 2	2003 THRU 1	DEC	2003	PP	AGE 17,036
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - AGED							
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54,293 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	8,210	768,113 \$, ,	\$ 1.74	14.148	•	•
DURABLE MED. EQUIP.	301	1,134	161,690.50	142.58	.021	537.18	2.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	443	642	120,427.37	187.58	.012	271.85	2.22
MEDICAL TRANSPORTATION	779	59,160	198,545.64	3.36	1.090	254.87	3.66
AMBULANCES/AIR TRANS	64	579	8,273.25	14.29	.011	129.27	.15
OTHER TRANS	621	57,215	183,420.41	3.21	1.054	295.36	3.38
OTHER SERVICES	130	1,366	6,851.98	5.02	.025	52.71	.13
ACUPUNCTURE	13	17	383.84	22.58	.000	29.53	.01
ADULT DAY HEALTH CARE CTR	32	440	30,395.06	69.08	.008	949.85	.56
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	775	6,025	316,999.77	52.61	.111	409.03	5.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,652	3,756	51,366.21	13.68	.069	31.09	.95
PHYSICAL THERAPIST	1	14	17.10	1.22	.000	17.10	.00
PORTABLE X-RAY	28	51	87.58	1.72	.001	3.13	.00
PROSTHETIST/ORTHOTISTS	79	229	4,418.83	19.30	.004	55.93	.08
PROSTHETICS	79	229	4,418.83	19.30	.004	55.93	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	2	3	.93	.31	.000	.47	.00
SPEECH AND AUDIOLOGY	258	498	43,885.45	88.12	.009	170.10	.81
HOSPICE SERVICES	20	637	70,446.73	110.59	.012	3522.34	1.30
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,881	695,506	341,346.20	.49	12.810	69.93	6.29
@CALIF. CHILDREN SERVICES*	2	3	\$ 80.78	\$ 26.93	.000	\$ 40.39	\$.00
@XOVER EXCLUDING STATE HOSP**	15,099	117,268	\$ 1,956,996.07	\$ 16.69	2.160	\$ 129.61	\$ 36.05

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 17,037

01/29/04

TILLARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

TULARE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - BLIND				
						MON		
4,314 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,703 1,118	442,407	\$	4,005,451.22	\$ 9.05	102.551 \$		928.48
		5,723	\$		\$ 23.43	1.327 \$		\$ 31.09
OUTPATIENT VISITS	365	511		22,008.76	43.07	.118	60.30	5.10
OFFICE VISITS	256	330		10,411.04	31.55	.076	40.67	2.41
HOME VISITS	1	1		51.60	51.60	.000	51.60	.01
EMERGENCY ROOM	114	152		10,325.08	67.93	.035	90.57	2.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	23	28		1,221.04	43.61	.006	53.09	.28
INPATIENT VISITS	75	486		16,676.60	34.31	.113	222.35	3.87
HOSPITAL VISITS	71	463		14,748.16	31.85	.107	207.72	3.42
CRITICAL CARE	5	15		1,818.84	121.26	.003	363.77	.42
SNF/ICF/TRANS IP CARE	2	8		109.60	13.70	.002	54.80	.03
OPHTHALMOLOGICAL SERVICES	62	91		3,757.50	41.29	.021	60.60	.87
EXAMINATIONS	61	90		3,708.20	41.20	.021	60.79	.86
SERVICES AND MATERIALS	1	1		49.30	49.30	.000	49.30	.01
INPATIENT HOSPITAL SURGERY	29	116		10,386.37	89.54	.027	358.15	2.41
PRINCIPAL SURGEON	23	33		8,310.41	251.83	.008	361.32	1.93
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	83		2,075.96	25.01	.019	188.72	.48
OUTPATIENT SURGERY	52	148		18,252.12	123.33	.034	351.00	4.23
PRINCIPAL SURGEON	44	54		15,864.65	293.79	.013	360.56	3.68
ASSISTANT SURGEON	1	1		223.38	223.38	.000	223.38	.05
ANESTHESIOLOGIST	12	93		2,164.09	23.27	.022	180.34	.50
DIALYSIS	41	167		12,560.27	75.21	.039	306.35	2.91
PATHOLOGY	52	69		693.28	10.05	.016	13.33	.16
RADIOLOGY	159	350		11,894.02	33.98	.081	74.81	2.76
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	13		3,333.65	256.43	.003	303.06	.77
OTHER SERVICES/ALL X-OVERS	667 3,032	3,772		34,538.61	9.16	.874	51.78	8.01
@PHARMACY	3,032	91,432	\$	1,235,089.59	\$ 13.51	21.194 \$	407.35	\$ 286.30
PRESCRIPTION DRUGS	2,975	13,599		1,153,895.69	84.85	3.152	387.86	267.48
SNF/ICF	67	515		30,986.09	60.17 85.82	.119	462.48	7.18
OUTPATIENTS	2,916	13,084		1,122,909.60	85.82	3.033	385.09	260.29
MEDICAL SUPPLIES	739	77,833		81,193.90	1.04	18.042	109.87	18.82
@DENTIST	133	576	\$	24,395.39	\$ 42.35	.134 \$		\$ 5.65
VISITS - DIAGNOSTIC	85	325		3,978.32	12.24	.075	46.80	.92
ORAL SURGERY	19	72		3,479.00	48.32	.017	183.11	.81
DRUGS	1	2		30.00	15.00	.000	30.00	.01
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.05

PERIODON	rics	16	19	1,449.00	76.26	.004	90.56	.34
ENDODONT	ICS	3	3	850.00	283.33	.001	283.33	.20
RESTORAT:	IVE DENTISTRY	27	73	5,019.00	68.75	.017	185.89	1.16
PROSTHET	ICS	2	2	30.00	15.00	.000	15.00	.01
DENTURES,	, STAYPLATES	25	71	9,227.00	129.96	.016	369.08	2.14
SPACE MAI	INTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFA	ACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.02
FRACTURES	S, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODON	FIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER	R SERVICES	3	5	.00	.00	.001	.00	.00
#CALIF DEPT	Γ OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 17,038
MOP024		FEE-FOR-SERVICE/DEN	TAL					01/29/04
TULARE COU	JNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSIS	STANCE - BLIND				
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TULARE COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSIS	STANCE - BLIND							
4 214			_				M			GE.	
4,314 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	75	221	\$	6,539.24	\$.051	\$	87.19	\$	1.52
DIAGNOSTIC AND ANC. PROCED	28	30		1,534.36		51.15	.007		54.80		.36
EYE APPLIANCES	60	167		4,744.75		28.41	.039		79.08		1.10
OTHER OPTOMETRIC SERVICES	14	24		260.13		10.84	.006		18.58		.06
@CHIROPRACTOR	1	1	\$	7.76	\$	7.76	.000	\$	7.76	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		7.76		7.76	.000		7.76		.00
@PODIATRIST	0 1 106	231	\$	2,152.82	\$	9.32	.054	\$	20.31	\$.50
MEDICINE/INJECTIONS	15	16		450.40		28.15	.004		30.03		.10
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		22.49		11.25	.000		22.49		.01
OTHER	92	213		1,679.93		7.89	.049		18.26		.39
@HOME HEALTH AGENCY	29	2,044	\$		\$	31.06	.474	Ś	2188.88	Ś	14.71
NURSE ANESTHESIST	2	38	Š	163.79	\$	4.31	.009	\$	81.90	Š	.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			\$.00
	•	0	Ģ.		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	ب د	.00	۶ \$.00	.000		.00		.00
@TOTAL HOSPITAL	- U	2,990	۶ \$	765,363.56	ې خ	255 07			1524.63		177.41
@IOIAL HOSPIIAL	0 0 502 113	2,990 615	Þ	698,373.12	Ş	255.97 1135.57	.143	Þ	6180.29	Þ	161.89
HOSP INPATIENT TOTAL	113	60				1446.69					
HSC HOSPITALS	9			86,801.68			.014		9644.63		20.12
NON-HSC HOSPITAL TOTAL	9 54 54	347		569,733.35		1641.88	.080		10550.62		132.07
		347		126,777.00		365.35	.080		2347.72		29.39
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	53	345		126,314.40		366.13	.080		2383.29		29.28
ANCILLARIES	54	0		442,956.35		.00	.000		8202.90		102.68
INPATIENT CROSSOVERS	51	208		41,838.09		201.14	.048		820.35		9.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	429	2,375		66,990.44		28.21	.551		156.15		15.53
MEDICAL	79	115		7,247.49		63.02	.027		91.74		1.68
SURGERY	37	43		4,669.10		108.58 11.73	.010		126.19		1.08
PATHOLOGY	183	865		10,142.66		11.73	.201		55.42		2.35
RADIOLOGY	104	151		13,247.94		87.73	.035		127.38		3.07
ROOM USE	149	232		10,460.45		45.09	.054		70.20		2.42
CROSSOVERS/ALL OTH OUTPTNT	222	969		21,222.80		21.90	.225		95.60		4.92
@COUNTY HOSPITAL TOTAL	8	98	\$		\$.023	\$	1136.28	\$	2.11
CO HOSPITAL INPATIENT TOTAL	1	4	•	5,400.00		1350.00	.001		5400.00	•	1.25
HSC HOSPITALS	1	4		5,400.00		1350.00	.001		5400.00		1.25
NON-HSC HOSPITALS TOTAL	0	4 0		.00		.00	.000		.00		.00
ACCOMMODATIONS	n	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
VICTITIVICTED	U	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	94	3,690.26	39.26	.022	461.28	.86
MEDICAL	3	8	252.74	31.59	.002	84.25	.06
SURGERY	3	4	1,703.61	425.90	.001	567.87	.39
PATHOLOGY	4	52	598.49	11.51	.012	149.62	.14
RADIOLOGY	2	3	110.75	36.92	.001	55.38	.03
ROOM USE	6	22	987.52	44.89	.005	164.59	.23
CROSSOVERS/ALL OTH OUTPTNT	3	5	37.15	7.43	.001	12.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 17,039
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES F	OR PUBLIC ASSI	STANCE - BLIND				
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TULARE COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC A	ASSI	STANCE - BLIND				○3 TF		aп	
4 214 BLIGIBLES	Hanna	INTEG OF GERLITGE			31700	7.CT COCT			THLY AVERA	ŒΕ	
4,314 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000	405	OR DAYS OF CARE		FF6 0F2 20			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	495	2,892	\$	756,273.30		261.51		Ş	1527.82	Ş	175.31
COMM HOSP INPATIENT TOTAL	112	611		692,973.12		134.16	.142		6187.26		160.63
HSC HOSPITALS	8	56		81,401.68		453.60	.013		10175.21		18.87
NON-HSC HOSPITALS TOTAL	54	347		569,733.35	1	641.88	.080		10550.62		132.07
ACCOMMODATIONS	54	347		126,777.00		365.35	.080		2347.72		29.39
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	53	345		126,314.40		366.13	.080		2383.29		29.28
ANCILLARIES	54	0		442,956.35		.00	.000		8202.90		102.68
INPATIENT CROSSOVERS	51	208		41,838.09		201.14	.048		820.35		9.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	422	2,281		63,300.18		27.75	.529		150.00		14.67
MEDICAL	76	107		6,994.75		65.37	.025		92.04		1.62
SURGERY	35	39		2,965.49		76.04	.009		84.73		.69
PATHOLOGY	179	813		9,544.17		11.74	.188		53.32		2.21
RADIOLOGY	102	148		13,137.19		88.76	.034		128.80		3.05
ROOM USE	143	210		9,472.93		45.11	.049		66.24		2.20
CROSSOVERS/ALL OTH OUTPTNT	219	964		21,185.65		21.98	.223		96.74		4.91
@STATE HOSPITAL	48	1,460	\$	707,269.06	\$	484.43	.338	Ġ	14734.77	Ś	163.95
MENTALLY ILL	0	1,100	٧	.00	۲	.00	.000	Y	.00	٧	.00
DEVELOP. DISABLED	48	1,460		707,269.06		484.43	.338		14734.77		163.95
@NURSING FACILITY	65	1,533	\$	224,194.97		146.25	.355	Ġ		\$	51.97
LEV A-INTERMEDIATE	0	1,333	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	2	24		13,921.68		580.07	.006		6960.84		3.23
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	64										
LEV B-REGULAR		1,509		210,273.29		139.35	.350		3285.52		48.74
@INTERMEDIATE CARE FACILDD	21	617	\$	112,194.61	\$	181.84	.143	Ş		\$	26.01
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	21	617		112,194.61		181.84	.143		5342.60		26.01
@HEMODIALYSIS TOTAL	223	4,675	\$	213,385.20	\$	45.64	1.084	Ş		\$	49.46
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	223	4,675		213,385.20		45.64	1.084		956.88		49.46
@REHABILITATION FACILITY	5	32	\$	588.79	\$	18.40	.007	\$		\$.14
HOSPITAL BASED	5	32		588.79		18.40	.007		117.76		.14
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	147	847	\$	10,187.72	\$	12.03	.196	\$	69.30	\$	2.36
PATHOLOGY	132	825		10,059.31		12.19	.191		76.21		2.33
XO AND OTHERS	15	22		128.41		5.84	.005		8.56		.03
@ORGANIZED OUTPATIENT CLINIC	758	1,417	\$	106,710.67	\$	75.31	.328	\$	140.78	\$	24.74
CLINIC	6	. 8		617.78	•	77.22	.002		102.96	•	.14
SURGICENTER	7	25		1,348.49		53.94	.006		192.64		.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00

RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	748 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	E/DENTAL	104,744.40 ONTH-OF-PAYMENT RE STANCE - BLIND	75.68 CPORT FOR JAN 1	.321 2003 THRU DE	140.03 C 2003	24.28 PAGE 17,040 01/29/04
					MON	THLY AVERA	GE
4,314 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,028	328,570 \$	399,629.45	\$ 1.22	76.164 \$	388.74	\$ 92.64
DURABLE MED. EQUIP.	92	977	84,770.89	86.77	.226	921.42	19.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	30	7,174.47	239.15	.007	341.64	1.66
MEDICAL TRANSPORTATION	290	36,560	136,116.17	3.72	8.475	469.37	31.55
AMBULANCES/AIR TRANS	69	757	11,718.61	15.48	.175	169.83	2.72

124,307.31

90.25

.00

3.46

.84CR

.00

8.324

.025CR

.000

550.03

11.28

.00

28.81

.02

.00

35,911

108CR

0

226

8

0

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	102	644	41,670.77	64.71	.149	408.54	9.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	95	256	8,909.73	34.80	.059	93.79	2.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.60	.80	.000	1.60	.00
PROSTHETIST/ORTHOTISTS	16	35	1,374.39	39.27	.008	85.90	.32
PROSTHETICS	16	35	1,374.39	39.27	.008	85.90	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	26	3,893.35	149.74	.006	229.02	.90
HOSPICE SERVICES	6	212	23,690.09	111.75	.049	3948.35	5.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	6,109	34,809.33	5.70	1.416	511.90	8.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	551	283,719	57,218.66	.20	65.767	103.85	13.26
@CALIF. CHILDREN SERVICES*	113	20,969	\$ 171,235.50	\$ 8.17	4.861	\$ 1515.36	\$ 39.69
@XOVER EXCLUDING STATE HOSP**	1,065	14,817	\$ 235,630.91	\$ 15.90	3.435	\$ 221.25	\$ 54.62

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 17,041

01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MON	THLY AVERAG	E
134,607 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	121,262	7,791,496 \$	106,718,256.36	\$ 13.70	57.883 \$	880.06	\$ 792.81
@PHYSICIANS SERVICES	32,189	128,386 \$	4,097,423.33	\$ 31.91	.954 \$	127.29	\$ 30.44
OUTPATIENT VISITS	15,178	21,896	918,603.61	41.95	.163	60.52	6.82
OFFICE VISITS	9,438	12,822	402,686.15	31.41	.095	42.67	2.99
HOME VISITS	100	132	5,396.86	40.89	.001	53.97	.04
EMERGENCY ROOM	5,136	6,567	417,909.21	63.64	.049	81.37	3.10
PREVENTIVE CARE	5	5	279.99	56.00	.000	56.00	.00
OB VISITS/COMPRE PERI	65	326	8,378.57	25.70	.002	128.90	.06
OTHER OUTPATIENT	1,526	2,044	83,952.83	41.07	.015	55.01	.62
INPATIENT VISITS	2,211	10,594	562,201.58	53.07	.079	254.27	4.18
HOSPITAL VISITS	1,844	9,047	411,148.97	45.45	.067	222.97	3.05
CRITICAL CARE	161	743	119,695.87	161.10	.006	743.45	.89
SNF/ICF/TRANS IP CARE	368	804	31,356.74	39.00	.006	85.21	. 23
OPHTHALMOLOGICAL SERVICES	454	608	25,496.10	41.93	.005	56.16	.19
EXAMINATIONS	451	603	25,411.10	42.14	.004	56.34	.19
SERVICES AND MATERIALS	5	5	85.00	17.00	.000	17.00	.00
INPATIENT HOSPITAL SURGERY	1,004	5,504	488,580.52	88.77	.041	486.63	3.63
PRINCIPAL SURGEON	765	1,224	379,255.50	309.85	.009	495.76	2.82
ASSISTANT SURGEON	55	59	13,529.50	229.31	.000	245.99	.10
ANESTHESIOLOGIST	345	4,221	95,795.52	22.69	.031	277.67	.71
OUTPATIENT SURGERY	1,803	4,018	362,036.45	90.10	.030	200.80	2.69
PRINCIPAL SURGEON	1,531	1,954	310,960.12	159.14	.015	203.11	2.31
ASSISTANT SURGEON	7	7	1,116.79	159.54	.000	159.54	.01
ANESTHESIOLOGIST	355	2,057	49,959.54	24.29	.015	140.73	.37
DIALYSIS	203	677	62,624.67	92.50	.005	308.50	.47
PATHOLOGY	2,014	4,820	45,605.08	9.46	.036	22.64	.34
RADIOLOGY	6,640	13,908	424,046.67	30.49	.103	63.86	3.15
PSYCHIATRY	6	13	422.20	32.48	.000	70.37	.00
IMMUNIZATION AND INJECTION	641	8,941	337,129.69	37.71	.066	525.94	2.50
OTHER SERVICES/ALL X-OVERS	14,627	57,407	870,676.76	15.17	.426	59.53	6.47

@PHARMACY	92,138	1,506,942	\$	35,702,481.79	\$	23.69	11.195	\$		\$	265.23
PRESCRIPTION DRUGS	90,622	418,316		33,827,130.50		80.87	3.108		373.28		251.30
SNF/ICF	2,277	17,717		1,163,448.65		65.67	.132		510.96		8.64
OUTPATIENTS	88,577	400,599		32,663,681.85		81.54	2.976		368.76		242.66
MEDICAL SUPPLIES	12,880	1,088,626		1,875,351.29		1.72	8.087		145.60		13.93
@DENTIST	8,544	43,769	\$	1,688,893.22	\$	38.59	.325	\$	197.67	\$	12.55
VISITS - DIAGNOSTIC	5,704	27,563		298,940.41		10.85	.205		52.41		2.22
ORAL SURGERY	1,331	3,752		206,588.78		55.06	.028		155.21		1.53
DRUGS	11	24		225.00		9.38	.000		20.45		.00
ANESTHESIA	147	189		14,282.00		75.57	.001		97.16		.11
PERIODONTICS	1,031	1,175		135,252.10		115.11	.009		131.19		1.00
ENDODONTICS	543	802		166,228.00		207.27	.006		306.13		1.23
RESTORATIVE DENTISTRY	2,443	6,778		521,196.96		76.90	.050		213.34		3.87
PROSTHETICS	60	62		2,061.00		33.24	.000		34.35		.02
DENTURES, STAYPLATES	901	2,674		297,656.69		111.32	.020		330.36		2.21
SPACE MAINTAINERS	11	13		1,137.00		87.46	.000		103.36		.01
MAXILLOFACIAL SERVICES	142	160		15,687.28		98.05	.001		110.47		.12
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.01
ORTHODONTIC SERVICES	233	288		28,838.00		100.13	.002		123.77		.21
ALL OTHER SERVICES	256	288		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU 1	DEC :	2003	PI	AGE 17,042
MOP024	FEE-FOR-SERVICE/DI	ENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC	ASSI	STANCE - DISABLED							
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104 605							/	~ ~			~~~~

134,607 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST		-	COST PER	1015	COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	3,660	10,151	\$	218,656.42	\$	21.54	.075	\$	59.74	\$	
DIAGNOSTIC AND ANC. PROCED	1,700	1,752		79,864.55		45.58	.013		46.98		.59
EYE APPLIANCES	2,689	7,630		125,940.29		16.51	.057		46.84		.94
OTHER OPTOMETRIC SERVICES	504	769		12,851.58		16.71	.006		25.50		.10
@CHIROPRACTOR	565	998	\$	16,474.19	\$	16.51	.007	\$	29.16	\$	
VISITS	479	872		14,545.95		16.68	.006		30.37		.11
OTHER SERVICES	87	126		1,928.24		15.30	.001		22.16		.01
@PODIATRIST	1,528	3,094	\$	39,420.37	\$	12.74	.023	\$	25.80	\$.29
MEDICINE/INJECTIONS	361	404		11,471.92		28.40	.003		31.78		.09
SURGERY/ANES.	23	25		1,359.70		54.39	.000		59.12		.01
RADIO./PATHOLOGY	42	61		718.07		11.77	.000		17.10		.01
OTHER	1,152	2,604		25,870.68		9.93	.019		22.46		.19
@HOME HEALTH AGENCY	617	11,032	\$	445,821.61	\$	40.41	.082	\$	722.56	\$	
NURSE ANESTHESIST	29	252	\$	2,653.04	\$	10.53	.002	\$	91.48	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	30	74	\$ \$ \$	1,856.08	\$	25.08	.001	\$	61.87	\$.01
@TOTAL HOSPITAL	18,130	116,901	\$	23,465,956.76	\$	200.73	.868	\$	1294.32	\$	174.33
HOSP INPATIENT TOTAL	2,560	14,926		20,528,504.76		1375.35	.111		8018.95		152.51
HSC HOSPITALS	415	3,316		4,948,198.94		1492.22	.025		11923.37		36.76
NON-HSC HOSPITAL TOTAL	1,334	7,875		14,877,866.25		1889.25	.059		11152.82		110.53
ACCOMMODATIONS	1,312	7,875		3,201,219.72		406.50	.059		2439.95		23.78
ADMINISTRATIVE DAYS	31	154		34,693.18		225.28	.001		1119.13		.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,295	7,721		3,166,526.54		410.12	.057		2445.19		23.52
ANCILLARIES	1,331	0		11,676,646.53		.00	.000		8772.84		86.75
INPATIENT CROSSOVERS	842	3,735		702,439.57		188.07	.028		834.25		5.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	16,336	101,975		2,937,452.00		28.81	.758		179.81		21.82
MEDICAL	3,694	7,130		301,697.77		42.31	.053		81.67		2.24
SURGERY	1,272	1,727		114,191.11		66.12	.013		89.77		.85
PATHOLOGY	7,181	36,609		434,474.67					60.50		3.23
RADIOLOGY	4,895	7,510		565,251.37		75.27	.056		115.48		4.20
ROOM USE	7,095	11,151		466,098.72		41.80	.083		65.69		3.46

CROSSOVERS/ALL OTH OUTPTNT	7,786	37,848	1,055,738.36	27.89	.281	135.59	7.84
@COUNTY HOSPITAL TOTAL	182	956	\$ 118,630.22	\$ 124.09	.007 \$	651.81	
CO HOSPITAL INPATIENT TOTAL		104	94,977.00	913.24	.001	6331.80	.71
HSC HOSPITALS	14	72	91,310.00	1268.19	.001	6522.14	.68
NON-HSC HOSPITALS TOTAL	1	1	2,855.00	2855.00	.000	2855.00	.02
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
·- ·	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,623.70	.00	.000	2623.70	.02
INPATIENT CROSSOVERS	1	31	812.00	26.19	.000	812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	173	852	23,653.22	27.76	.006	136.72	.18
MEDICAL	81	117	3,919.83	33.50	.001	48.39	.03
SURGERY	9	18	3,173.18	176.29	.000	352.58	.02
PATHOLOGY	52	335	3,831.64	11.44	.002	73.69	.03
RADIOLOGY	31	39	3,384.02	86.77	.000	109.16	.03
ROOM USE	105	161	6,154.01	38.22	.001	58.61	.05
CROSSOVERS/ALL OTH OUTPTNT	43	182	3,190.54	17.53	.001	74.20	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 17,043
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FO	R PUBLIC A	SSISTANCE - DISABLED				
					MONT	HLY AVERAG	GE
404 405							

134,607 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST		S COST PER	COST PER
•		OR DAYS OF CARE	1		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17,979	115,945	\$	23,347,326.54	\$	201.37	.861	\$ 1298.59	\$ 173.45
COMM HOSP INPATIENT TOTAL	2,546	14,822	•	20,433,527.76	•	1378.59	.110	8025.74	151.80
HSC HOSPITALS	402	3,244		4,856,888.94		1497.19	.024	12081.81	36.08
NON-HSC HOSPITALS TOTAL	1,333	7,874		14,875,011.25		1889.13	.058	11159.05	110.51
ACCOMMODATIONS	1,311	7,874		3,200,988.42		406.53	.058	2441.64	23.78
ADMINISTRATIVE DAYS	30	153		34,461.88		225.24	.001	1148.73	.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1,295	7,721		3,166,526.54		410.12	.057	2445.19	23.52
ANCILLARIES	1,330	0		11,674,022.83		.00	.000	8777.46	86.73
INPATIENT CROSSOVERS	841	3,704		701,627.57		189.42	.028	834.28	5.21
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16,192	101,123		2,913,798.78		28.81	.751	179.95	21.65
MEDICAL	3,615	7,013		297,777.94		42.46	.052	82.37	2.21
SURGERY	1,264	1,709		111,017.93		64.96	.013	87.83	.82
PATHOLOGY	7,139	36,274		430,643.03		11.87	.269	60.32	3.20
RADIOLOGY	4,872	7,471		561,867.35		75.21	.056	115.33	4.17
ROOM USE	7,003	10,990		459,944.71		41.85	.082	65.68	3.42
CROSSOVERS/ALL OTH OUTPINT	7,747	37,666		1,052,547.82		27.94	.280	135.87	7.82
@STATE HOSPITAL	1,160	36,104	\$	16,630,327.01	\$.268	\$ 14336.49	\$ 123.55
MENTALLY ILL	5	0		19,201.82		.00	.000	3840.36	.14
DEVELOP. DISABLED		36,104		,,,		100.02	.268	14381.93	123.40
@NURSING FACILITY	1,640	44,860	\$	8,279,793.89	\$			\$ 5048.65	\$ 61.51
LEV A-INTERMEDIATE	13	374		31,990.66		85.54	.003	2460.82	.24
LEV B-REHAB MD	11	335		40,915.43		122.14	.002	3719.58	.30
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	177	6,066		3,416,420.27		563.21	.045	19301.81	25.38
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,446	38,085		4,790,467.53		125.78	.283	3312.91	35.59
@INTERMEDIATE CARE FACILDD	739	22,460	\$	3,926,277.56	\$.167	\$ 5312.96	\$ 29.17
ICF DDH	167	5,123		764,065.91		149.14	.038	4575.24	5.68
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	572	17,337		3,162,211.65		182.40	.129	5528.34	23.49
@HEMODIALYSIS TOTAL	955	15,202	\$	926,147.38			.113		\$ 6.88
HOSPITAL BASED	8	22		/			.000	4411.87	. 26
HEMODIALYSIS CENTER	947	15,180		890,852.42		58.69	.113	940.71	6.62

@REHABILITATION FACILITY	209	1,808	\$	44,461.55	\$	24.59	.013	\$ 2	12.73	\$.33
HOSPITAL BASED	200	1,766		43,662.66		24.72	.013	2	18.31		.32
INDEPENDENT FACILITY	9	42		798.89		19.02	.000		88.77		.01
@LABORATORY FACILITY	5,934	26,307	\$	353,263.90	\$	13.43	.195	\$	59.53	\$	2.62
PATHOLOGY	5,703	25,892		347,435.65		13.42	.192		60.92		2.58
XO AND OTHERS	233	415		5,828.25		14.04	.003		25.01		.04
@ORGANIZED OUTPATIENT CLINIC	35,977	62,358	\$	5,461,241.10	\$	87.58	.463	\$ 1	51.80	\$	40.57
CLINIC	28	99		2,956.81		29.87	.001		.05.60		.02
SURGICENTER	296	1,207		55,998.44		46.39	.009		89.18		.42
HEROIN DETOX CLINIC	19	161		1,851.81			.001		97.46		.01
RURAL HEALTH CLINIC	35,725	60,891		5,400,434.04		88.69	.452	1	51.17		40.12
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC 20	103	P	AGE 17,044
MOP024	FEE-FOR-SERVICE	/DENTAI.									01/29/04
TULARE COUNTY	SUMMARY OF SERVI		ASSI	STANCE - DISABLED							
	SUMMARY OF SERVI	ICES FOR PUBLIC							AVERA		
TULARE COUNTY 134,607 ELIGIBLES		ICES FOR PUBLIC . UNITS OF SERVICE		STANCE - DISABLED EXPENDITURES			UNITS/DAYS	COS	T PER		COST PER
134,607 ELIGIBLES	SUMMARY OF SERV	CCES FOR PUBLIC . UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		UNIT/DAY	UNITS/DAYS	COS	T PER ISER		ELIGIBLE
134,607 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVE USERS 23,969	UNITS OF SERVICE OR DAYS OF CARE 5,760,798		EXPENDITURES 5,417,107.16		UNIT/DAY	UNITS/DAYS PER ELIG 42.797	COS U \$ 2	T PER ISER		ELIGIBLE 40.24
134,607 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV	CCES FOR PUBLIC . UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES 5,417,107.16 1,882,115.69		UNIT/DAY .94 174.85	UNITS/DAYS PER ELIG 42.797 .080	COS U \$ 2	T PER ISER 126.00		ELIGIBLE 40.24 13.98
134,607 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVE USERS 23,969 2,336 0	UNITS OF SERVICE OR DAYS OF CARE 5,760,798 10,764 0		EXPENDITURES 5,417,107.16 1,882,115.69 .00		.94 174.85 .00	UNITS/DAYS PER ELIG 42.797 .080 .000	COS U \$ 2	T PER JSER 26.00 05.70		ELIGIBLE 40.24 13.98 .00
134,607 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 23,969 2,336 0 390	UNITS OF SERVICE OR DAYS OF CARE 5,760,798 10,764 0 581		EXPENDITURES 5,417,107.16 1,882,115.69 .00 108,370.16		2 UNIT/DAY .94 174.85 .00 186.52	UNITS/DAYS PER ELIG 42.797 .080 .000 .004	COS U \$ 2 8	T PER JSER 226.00 05.70 .00		ELIGIBLE 40.24 13.98 .00 .81
134,607 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 23,969 2,336 0 390 3,467	UNITS OF SERVICE OR DAYS OF CARE 5,760,798 10,764 0 581 154,806		EXPENDITURES 5,417,107.16 1,882,115.69 .00 108,370.16 751,691.50		174.85 .00 186.52 4.86	UNITS/DAYS PER ELIG 42.797 .080 .000 .004 1.150	COS U \$ 2 8	T PER JSER 26.00 05.70 .00 277.87		ELIGIBLE 40.24 13.98 .00 .81 5.58
134,607 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 23,969 2,336 0 390	UNITS OF SERVICE OR DAYS OF CARE 5,760,798 10,764 0 581		EXPENDITURES 5,417,107.16 1,882,115.69 .00 108,370.16		2 UNIT/DAY .94 174.85 .00 186.52	UNITS/DAYS PER ELIG 42.797 .080 .000 .004	COS \$ 2 8 2 2 1	T PER JSER 226.00 05.70 .00		ELIGIBLE 40.24 13.98 .00 .81

DOMINDED MED. EQUII.	2,330	10,701	1,002,113.00	171.03	.000	003.70	13.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	390	581	108,370.16	186.52	.004	277.87	.81
MEDICAL TRANSPORTATION	3,467	154,806	751,691.50	4.86	1.150	216.81	5.58
AMBULANCES/AIR TRANS	2,298	27,898	349,404.48	12.52	.207	152.05	2.60
OTHER TRANS	1,091	123,327	379,276.66	3.08	.916	347.64	2.82
OTHER SERVICES	244	3,581	23,010.36	6.43	.027	94.30	.17
ACUPUNCTURE	24	39	773.11	19.82	.000	32.21	.01
ADULT DAY HEALTH CARE CTR	38	503	34,846.73	69.28	.004	917.02	.26
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	378	4,398	206,667.88	46.99	.033	546.74	1.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,298	9,734	129,835.65	13.34	.072	30.21	.96
PHYSICAL THERAPIST	2	33	205.23	6.22	.000	102.62	.00
PORTABLE X-RAY	52	134	1,952.86	14.57	.001	37.56	.01
PROSTHETIST/ORTHOTISTS	498	1,435	145,916.71	101.68	.011	293.01	1.08
PROSTHETICS	476	1,405	143,677.21	102.26	.010	301.84	1.07
ORTHOTICS	25	30	2,239.50	74.65	.000	89.58	.02
PSYCHOLOGIST	32	157	9,274.70	59.07	.001	289.83	.07
SPEECH AND AUDIOLOGY	588	1,996	113,359.72	56.79	.015	192.79	.84
HOSPICE SERVICES	54	1,465	167,806.98	114.54	.011	3107.54	1.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,488	78,096	449,611.18	5.76	.580	128.90	3.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10,807	5,496,623	1,411,109.06	.26	40.835	130.57	10.48
@CALIF. CHILDREN SERVICES*	5,140	408,813	\$ 6,919,903.31	\$ 16.93	3.037	\$ 1346.28	\$ 51.41
@XOVER EXCLUDING STATE HOSP**	20,147	207,591	\$ 2,986,934.07	\$ 14.39	1.542	\$ 148.26	\$ 22.19

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,045
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

							MC	NT	HLY AVERA	GE	
48,737 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	146,104	456,529	\$	25,643,188.91	\$	56.17	9.367	\$	175.51	\$	526.15
@PHYSICIANS SERVICES	7,615	19,615	\$	1,161,432.59	\$	59.21	.402	\$	152.52	\$	23.83
OUTPATIENT VISITS	4,917	6,879		287,361.21		41.77	.141		58.44		5.90
OFFICE VISITS	1,935	2,486		87,978.60		35.39	.051		45.47		1.81

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	22	35	1,676.17	47.89	.001	76.19	.03
EMERGENCY ROOM	2,270	2,614	137,894.75	52.75	.054	60.75	2.83
PREVENTIVE CARE	33	34	1,699.16	49.98	.001	51.49	.03
OB VISITS/COMPRE PERI	209	970	28,203.19	29.08	.020	134.94	.58
OTHER OUTPATIENT	630	740	29,909.34	40.42	.015	47.48	.61
INPATIENT VISITS	567	2,900	305,276.93	105.27	.060	538.41	6.26
HOSPITAL VISITS	480	1,644	94,005.94	57.18	.034	195.85	1.93
CRITICAL CARE	116	1,256	211,270.99	168.21	.026	1821.30	4.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	130	178	8,498.14	47.74	.004	65.37	.17
EXAMINATIONS	130	178	8,498.14	47.74	.004	65.37	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	432	2,337	240,308.86	102.83	.048	556.27	4.93
PRINCIPAL SURGEON	269	390	185,238.11	474.97	.008	688.62	3.80
ASSISTANT SURGEON	27	29	6,060.05	208.97	.001	224.45	.12
ANESTHESIOLOGIST	196	1,918	49,010.70	25.55	.039	250.05	1.01

OUTPATIENT SURGERY	575	1,205		130,231.48		108.08	.025		226.49		2.67
PRINCIPAL SURGEON	483	591		109,967.03		186.07	.012		227.68		2.26
ASSISTANT SURGEON	3	3		268.75		89.58	.000		89.58		.01
ANESTHESIOLOGIST	141	611		19,995.70		32.73	.013		141.81		.41
DIALYSIS	1	2		201.62		100.81	.000		201.62		.00
PATHOLOGY	460	947		15,933.81		16.83	.019		34.64		.33
RADIOLOGY	1,648	2,598		67,532.72		25.99	.053		40.98		1.39
PSYCHIATRY	8	16		568.59		35.54	.000		71.07		.01
IMMUNIZATION AND INJECTION	76	263		12,765.33		48.54	.005		167.96		.26
OTHER SERVICES/ALL X-OVERS	1,054	2,290		92,753.90		40.50	.047		88.00		1.90
@PHARMACY	11,460	29,540	\$	1,561,277.79	\$	52.85	.606	\$	136.24	\$	32.03
PRESCRIPTION DRUGS	11,197	25,767		1,500,053.83		58.22	.529		133.97		30.78
SNF/ICF	53	250		20,287.83		81.15	.005		382.79		.42
OUTPATIENTS	11,157	25,517		1,479,766.00		57.99	.524		132.63		30.36
MEDICAL SUPPLIES	615	3,773		61,223.96		16.23	.077		99.55		1.26
@DENTIST	21,384	135,144	\$	4,156,654.80	\$	30.76	2.773	\$	194.38	\$	85.29
VISITS - DIAGNOSTIC	15,455	87,912		1,079,124.33		12.28	1.804		69.82		22.14
ORAL SURGERY	3,419	7,173		459,671.79		64.08	.147		134.45		9.43
DRUGS	108	156		2,937.50		18.83	.003		27.20		.06
ANESTHESIA	667	986		64,956.00		65.88	.020		97.39		1.33
PERIODONTICS	727	739		93,211.00		126.13	.015		128.21		1.91
ENDODONTICS	2,270	4,167		508,928.25		122.13	.085		224.20		10.44
RESTORATIVE DENTISTRY	8,443	29,672		1,643,731.26		55.40	.609		194.69		33.73
PROSTHETICS	60	66		1,100.00		16.67	.001		18.33		.02
DENTURES, STAYPLATES	205	788		65,305.75		82.88	.016		318.56		1.34
SPACE MAINTAINERS	285	371		38,914.00		104.89	.008		136.54		.80
MAXILLOFACIAL SERVICES	270	273		27,168.02		99.52	.006		100.62		.56
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1,594	1,961		169,934.90		86.66	.040		106.61		3.49
ALL OTHER SERVICES	743	880		1,672.00		1.90	.018		2.25		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPOR'	r for jan	2003 THRU	DEC	2003	PP	GE 17,046
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/29/04

AVERAGE COST UNITS/DAYS COST PER 48,737 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 738 2,052 50,639.53 24.68 .042 \$ 68.62 \$ 1.04 DIAGNOSTIC AND ANC. PROCED 646 30,387.48 47.04 .013 47.41 .62 EYE APPLIANCES 481 1,392 19,894.26 14.29 .029 41.36 .41 1,392 14 721 \$ OTHER OPTOMETRIC SERVICES 11 357.79 25.56 .000 32.53 .01 12,042.58 12,042.58 @CHIROPRACTOR 396 16.70 .015 \$ 30.41 \$.25 721 396 30.41 . 25 VISITS 16.70 .015 .00 OTHER SERVICES 0 .00 .000 .00 .00 38 86.94 \$ @PODIATRIST 20 1,738.70 45.76 .001 \$.04 17 MEDICINE/INJECTIONS 14 613.50 36.09 .000 43.82 .01 3 470.76 117.69 .000 156.92 .01 SURGERY/ANES. 7 10 78.72 11.25 .000 19.68 RADIO./PATHOLOGY OTHER 575.72 57.57 .000 115.14 .01 10 253 84 16,410.11 \$ 64.86 .005 \$ 195.36 .34 @HOME HEALTH AGENCY 10 44 \$ 21.69 .001 \$ 95.43 NURSE ANESTHESIST 954.31 \$.02 NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .000 \$.00 .00 .00 .00 FAMILY NURSE PRACTITIONER 10 17 427.86 25.17 .000 \$ 42.79 .01 279.05 @TOTAL HOSPITAL 5,819 23,518 6,562,591.65 .483 1127.79 134.65 3,896 HOSP INPATIENT TOTAL 682 5,934,476.31 1523.22 .080 8701.58 121.77 292 2,301 1744.92 .047 13750.22 HSC HOSPITALS 4,015,064.69 NON-HSC HOSPITAL TOTAL 397 1,580 1,918,571.62 1214.29 .032 4832.67 39.37 394 1,580 651,342.88 412.24 .032 ACCOMMODATIONS 1653.15 13.36 1 .000 462.60 231.30 462.60 ADMINISTRATIVE DAYS .01 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

TULARE COUNTY

ALL OTHER ACCOM	394	1,578		650,880.28	412.47	.032	1651.98		13.35	
ANCILLARIES	397	0		1,267,228.74	.00	.000	3192.01		26.00	
INPATIENT CROSSOVERS	1	15		840.00	56.00	.000	840.00		.02	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	5,274	19,622		628,115.34	32.01	.403	119.10		12.89	
MEDICAL	1,047	1,678		84,490.49	50.35	.034	80.70		1.73	
SURGERY	404	492		26,503.77	53.87	.010	65.60		.54	
PATHOLOGY	1,842	6,621		81,320.06	12.28	.136	44.15		1.67	
RADIOLOGY	1,249	1,611		122,601.57	76.10	.033	98.16		2.52	
ROOM USE	3,626	4,577		186,144.91	40.67	.094	51.34		3.82	
CROSSOVERS/ALL OTH OUTPTNT	2,189	4,643		127,054.54	27.36	.095	58.04		2.61	
@COUNTY HOSPITAL TOTAL	57	138	\$	61,191.85	\$ 443.42	.003 \$	1073.54	\$	1.26	
CO HOSPITAL INPATIENT TOTAL	12	47		57,772.01	1229.19	.001	4814.33		1.19	
HSC HOSPITALS	12	47		57,772.01	1229.19	.001	4814.33		1.19	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00	
ANCILLARIES	0	0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	46	91		3,419.84	37.58	.002	74.34		.07	
MEDICAL	16	16		788.19	49.26	.000	49.26		.02	
SURGERY	3	4		594.88	148.72	.000	198.29		.01	
PATHOLOGY	9	26		282.60	10.87	.001	31.40		.01	
RADIOLOGY	5	6		176.49	29.42	.000	35.30		.00	
ROOM USE	23	24		803.96	33.50	.000	34.95		.02	
CROSSOVERS/ALL OTH OUTPTNT	13	15		773.72	51.58	.000	59.52		.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE	17,047	
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04	
TULARE COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	C ASSIST	TANCE - FAMILIES						
						MON	ITHLY AVERA	GE		

48,737 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
40,737 ELIGIBLES	CALCO	OR DAYS OF CARE		EXPENDITURES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,772	23,380	\$	6,501,399.80	\$ 278.08		\$ 1126.37		133.40
COMM HOSP INPATIENT TOTAL	671	3,849	Ą	5,876,704.30	1526.81	.079	8758.13	Ą	120.58
HSC HOSPITALS	281	2,254		3,957,292.68	1755.68	.046	14082.89		81.20
NON-HSC HOSPITALS TOTAL	397				1214.29		4832.67		39.37
		1,580		1,918,571.62		.032			
ACCOMMODATIONS	394	1,580		651,342.88	412.24	.032	1653.15		13.36
ADMINISTRATIVE DAYS		2		462.60	231.30	.000	462.60		.01
TRANSITIONAL IP CARE	204	1 550		.00	.00	.000	.00		.00
ALL OTHER ACCOM	394	1,578		650,880.28	412.47	.032	1651.98		13.35
ANCILLARIES	397	0		1,267,228.74	.00	.000	3192.01		26.00
INPATIENT CROSSOVERS	1	15		840.00	56.00	.000	840.00		.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5,237	19,531		624,695.50	31.98	.401	119.28		12.82
MEDICAL	1,031	1,662		83,702.30	50.36	.034	81.19		1.72
SURGERY	401	488		25,908.89	53.09	.010	64.61		.53
PATHOLOGY	1,836	6,595		81,037.46	12.29	.135	44.14		1.66
RADIOLOGY	1,245	1,605		122,425.08	76.28	.033	98.33		2.51
ROOM USE	3,609	4,553		185,340.95	40.71	.093	51.36		3.80
CROSSOVERS/ALL OTH OUTPTNT	2,178	4,628		126,280.82	27.29	.095	57.98		2.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	2	20	\$	2,395.32	\$ 119.77	.000	\$ 1197.66	\$.05
LEV A-INTERMEDIATE	0	0	-	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	LEV B-REGULAR	2	20		2,395.32		119.77	.000		1197.66		.05
@	INTERMEDIATE CARE FACILDD	12	351	\$	63,805.49	\$	181.78	.007	\$	5317.12	\$	1.31
	ICF DDH	0	0		.00		.00	.000		.00		.00
	ICF DD	0	0		.00		.00	.000		.00		.00
	ICF DDN/DDCN	12	351		63,805.49		181.78	.007		5317.12		1.31
@	HEMODIALYSIS TOTAL	1	7	\$	3,673.15	\$	524.74	.000	\$	3673.15	\$.08
	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
	HEMODIALYSIS CENTER	1	7		3,673.15		524.74	.000		3673.15		.08
@	REHABILITATION FACILITY	63	366	\$	10,691.81	\$	29.21	.008	\$	169.71	\$.22
	HOSPITAL BASED	59	222		8,692.49		39.16	.005		147.33		.18
	INDEPENDENT FACILITY	4	144		1,999.32		13.88	.003		499.83		.04
@	LABORATORY FACILITY	1,184	4,132	\$	65,989.58	\$	15.97	.085	\$	55.73	\$	1.35
	PATHOLOGY	1,184	4,132		65,989.58		15.97	.085		55.73		1.35
	XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@	ORGANIZED OUTPATIENT CLINIC	84,753	120,965	\$	10,898,273.15	\$	90.09	2.482	\$	128.59	\$	223.61
	CLINIC	72	233		5,779.47		24.80	.005		80.27		.12
	SURGICENTER	27	130		4,817.18		37.06	.003		178.41		.10
	HEROIN DETOX CLINIC	12	127		1,468.02		11.56	.003		122.34		.03
	RURAL HEALTH CLINIC	84,656	120,475		10,886,208.48		90.36	2.472		128.59		223.37
	CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR7	r for jan	2003 THRU I	DEC	2003	P.	AGE 17,048
]	MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
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TULARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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			_				NTHLY AVERA	
48,737 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	31,582	119,746	\$	1,074,190.49	\$ 8.97	2.457		•
DURABLE MED. EQUIP.	114	366		28,457.73	77.75	.008	249.63	.58
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	425	12,765		135,827.35	10.64	.262	319.59	2.79
AMBULANCES/AIR TRANS	416	10,720		99,407.58	9.27	.220	238.96	2.04
OTHER TRANS	9	2,026		5,035.40	2.49	.042	559.49	.10
OTHER SERVICES	19	19		31,384.37	1651.81	.000	1651.81	.64
ACUPUNCTURE	4	7		124.35	17.76	.000	31.09	.00
ADULT DAY HEALTH CARE CTR	3	21		1,450.26	69.06	.000	483.42	.03
GENETIC DISEASE TESTING	439	439		45,309.00	103.21	.009	103.21	.93
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4,253	9,084		84,350.27	9.29	.186	19.83	1.73
PHYSICAL THERAPIST	5	9		175.70	19.52	.000	35.14	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	115		9,242.69	80.37	.002	236.99	.19
PROSTHETICS	28	100		8,061.22	80.61	.002	287.90	.17
ORTHOTICS	14	15		1,181.47	78.76	.000	84.39	.02
PSYCHOLOGIST	64	469		28,261.82	60.26	.010	441.59	.58
SPEECH AND AUDIOLOGY	56	169		11,403.97	67.48	.003	203.64	.23
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26,423	69,581		713,294.63	10.25	1.428	27.00	14.64
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	26,721		16,292.72	.61	.548	428.76	.33
@CALIF. CHILDREN SERVICES*	3,384	35,088	\$	5,305,922.18	\$ 151.22	.720	\$ 1567.94	\$ 108.87
@XOVER EXCLUDING STATE HOSP**	17	194	\$	5,661.97	\$ 29.19	.004	\$ 333.06	\$.12

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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----- MONTHLY AVERAGE -----

01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

TULARE COUNTY		ES FOR PUBLIC ASSI	STANCE - TOTAL		MONTE		C.F.	
241,951 ELIGIBLES @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM	HORDO	NITES OF SERVICE		ATTERNACE COOR	MONT			
241,951 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
	210 504	OR DAYS OF CARE	154 656 564 04	PER UNIT/DAY		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	312,784	10,112,368 \$	154,676,764.94	\$ 15.30	41.795 \$	494.52		
@PHYSICIANS SERVICES	49,126	181,421 \$	5,789,649.09	\$ 31.91	.750 \$	117.85		
OUTPATIENT VISITS	20,538	29,383	1,231,792.40	41.92	.121	59.98	5.09	
OFFICE VISITS	11,696	15,721	503,707.10	32.04	.065	43.07	2.08	
HOME VISITS	123	168	7,124.63	42.41	.001	57.92	.03	
HOME VISITS EMERGENCY ROOM PREVENTIVE CARE	7,534	9,347 39	567,316.55	60.70	.039	75.30	2.34	
PREVENTIVE CARE	11,030 123 7,534 38 274 2,179 2,864 2,406	39	1,979.15	50.75	.000	52.08	.01	
OB VISITS/COMPRE PERI	274	1,296	36,581.76	28.23	.005	133.51	.15	
OTHER OUTPATIENT	2,179	2,812	115,083.21	40.93	.012	52.81	.48	
INPATIENT VISITS	2,864	2,812 14,018	885,973.25	28.23 40.93 63.20 46.62 165.24 38.75	.058	309.35	3.66	
HOSPITAL VISITS	2,406	11,192	521,721.21 332,785.70	46.62	.046	216.84	2.16	
CRITICAL CARE	282	2,014	332,785.70	165.24	.008	1180.09	1.38	
SNF/ICF/TRANS IP CARE	2,400 282 370 665 661	2,014 812	31,466.34	38.75	.003	85.04	.13	
OPHTHALMOLOGICAL SERVICES	665	898	38,185.56	42.52	.004	57.42	.16	
EXAMINATIONS	661	892 6	38,051.26	42.66	.004	57.57	.16	
SERVICES AND MATERIALS	6	6	134.30	22.38	. 000	22.38	.00	
EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST	1 471	7 994	743,823.62	93.05	.033	505.66	3.07	
DRINCIDAL SURGEON	1 062	7,994 1,655	576,285.52	93.05 348.21	.007	542.64	2.38	
ACCICTANT CUDCEON	2,002	89	20,010.62	224.84	.000	241.09	.08	
ADDIDIANI DONGEON	83 553	6,250	147,527.48	23.60		266.78	.61	
OUTTDATTENT CUDCEDV	2 444	5,432	512,146.15	94.28	.022	209.55	2.12	
DDINGLDAL GUDGEON	2,444	2,611				211.71	1.81	
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST	2,070	2,611	438,231.28	167.84 146.27 25.73	.011		.01	
ASSISIANI SURGEUN	11 510 245		1,608.92	140.27	.000	146.27		
ANESTHESIOLOGIST	510	2,810	72,305.95	25./3	.012	141.78	.30	
DIALYSIS	245 2,533 8,494	846	75,386.56	89.11	.003	307.70	.31	
PATHOLOGY	2,533	5,858	62,377.42	10.65	.024	24.63	.26	
RADIOLOGY	8,494	16,921	504,880.20	29.84	.070	59.44	2.09	
PSICIIIAIKI	7.7	29	990.79	34.17	.000	70.77	.00	
IMMUNIZATION AND INJECTION	731	9,225	353,254.90	38.29	.038	483.25	1.46	
OTHER SERVICES/ALL X-OVERS	24,427 143,144 140,806	90,817 2,190,577 \$	1,380,838.24	15.20	.375	56.53	5.71	
@PHARMACY	143,144	2,190,577 \$	48,481,018.03	\$ 22.13	9.054 \$	338.69		
PRESCRIPTION DRUGS	140,806	600,126	46,069,359.78	76.77	2.480	327.18	190.41	
SNF/ICF	3,390	24,765	1,524,072.15	61.54	.102	449.58	6.30	
OUTPATIENTS	137,746	575,361	44,545,287.63	77.42	2.378	323.39	184.11	
MEDICAL SUPPLIES	18,827	1,590,451	2,411,658.25	1.52	6.573	128.10	9.97	
@DENTIST	32,080	188,575 \$	6,289,167.46	\$ 33.35	.779 \$	196.05	\$ 25.99	
VISITS - DIAGNOSTIC	22,448	121,019	1,438,125.30	11.88	.500	64.06	5.94	
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA	5,147	12,139	726,770.25	59.87	.050	141.20	3.00	
DRUGS	124 830	190	3,207.50	59.87 16.88 67.54 118.64 137.79	.001	25.87	.01	
ANESTHESIA	830	1,191	80,438.00	67.54	.005	96.91	.33	
PERIODONTICS	1,948 2,909	2,113	250,690.35	118.64	.009	128.69	1.04	
ENDODONTICS	2.909	5,082	700,250.25	137.79	.021	240.72	2.89	
RESTORATIVE DENTISTRY	11,369	37,590	2,260,704.22	60.14	.155	198.85	9.34	
PROSTHETICS	148	158	3,900.00	24 68	.001	26.35	.02	
DENTITIES CTAVDIATES	1,634	4,798	540,797.32	24.68 112.71	.020	330.97	2.24	
CDACE MAINTAINEDC	296	384	40,051.00	104.30	.002	135.31	.17	
MAYTIIOFACTAI CEDUTCEC	296 413	434	42,953.37	98.97	.002		.18	
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	413	1	42,953.37 800.00	800.00	.002	104.00 800.00	.00	
CARLIONES, DISLOCATIONS	1 000							
ORTHODONTIC SERVICES	1,828	2,250	198,807.90	88.36	.009	108.76	.82	
ALL OTHER SERVICES	1,053	1,226	1,672.00	1.36	.005	1.59	.01	^
#CALIF DEPT OF HEALTH SERV			IONTH-OF-PAYMENT RE	PORT FOR JAN 2	ZUUS THRU DEC	2003	PAGE 17,05	
MOP024	FEE-FOR-SERVICE/D						01/29/0	4
TULARE COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC ASSI	STANCE - TOTAL		MONTE	א מייינג אנודע	CE.	

241,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	RAGE COST	UNITS/DAYS	5	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6,015	16,493 \$	5	348,939.98	\$ 21.16	.068	\$	58.01	\$ 1.44
DIAGNOSTIC AND ANC. PROCED	2,455	2,514		115,621.27	45.99	.010		47.10	.48
EYE APPLIANCES	4,344	12,368		205,459.86	16.61	.051		47.30	.85
OTHER OPTOMETRIC SERVICES	1,050	1,611		27,858.85	17.29	.007		26.53	.12
@CHIROPRACTOR	1,041	1,853 \$	5	29,852.79	\$ 16.11	.008	\$	28.68	\$.12
VISITS	876	1,595		26,621.97	16.69	.007		30.39	.11
OTHER SERVICES	167	258		3,230.82	12.52	.001		19.35	.01
@PODIATRIST	2,423	4,943 \$	5	56,554.04	\$ 11.44	.020	\$	23.34	\$.23
MEDICINE/INJECTIONS	390	437		12,535.82	28.69	.002		32.14	.05
SURGERY/ANES.	26	29		1,830.46	63.12	.000		70.40	.01
RADIO./PATHOLOGY	47	70		819.28	11.70	.000		17.43	.00
OTHER	2,018	4,407		41,368.48	9.39	.018		20.50	.17
@HOME HEALTH AGENCY	731	13,331 \$	5	525,858.86	\$ 39.45	.055	\$	719.37	\$ 2.17
NURSE ANESTHESIST	44	371 \$	5	3,864.25	\$ 10.42	.002	\$	87.82	\$.02

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER		93	\$	2,343.03			.000		57.15		.01
@TOTAL HOSPITAL	27 212	157,176	\$ \$ \$	32,964,944.55	\$	209 73			1211.41		136.25
HOSP INPATIENT TOTAL	41 27,212 4,204 737		٧	29,129,498.54	٧	1261.89 1579.40 1776.63 403.71	.095	Y	6929.00	Y	120.39
	727	23,00 1		29,129,498.54 9,165,255.95		1570 40	.024		12435.90		37.88
HSC HOSPITALS	1 000	5,803		9,105,255.95		15/9.40					
NON-HSC HOSPITAL TOTAL	1,920 1,893	10,506		18,665,312.12		1//6.63	.043		9721.52		77.15
ACCOMMODATIONS	1,893	10,506		4,241,379.90		403.71	.043		2240.56		17.53
ADMINISTRATIVE DAYS	36	173		20 010 10		224.38	.001		1078.28		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,873	10,333		4,202,561.72		406.71	.043		2243.76		17.37
ANCILLARIES	1,917	0		4,202,561.72 14,423,932.22		.00	.000		7524.22		59.62
INPATIENT CROSSOVERS	1,591	6,775		1,298,930.47		191.72	.028		816.42		5.37
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	_		.00		.00 406.71 .00 191.72 .00 28.60 44.09 64.10	.000		.00		.00
HOSP OUTPATIENT TOTAL	24,032	0 134,092 8 959		3,835,446.01		28.60	.554		159.60		15.85
MEDICAL	4,837	8,959		395,006.16		44.09	.037		81.66		1.63
SURGERY		2 271		145,570.65 527,544.01 703,448.49 664,008.93 1,399,867.77		64 10	.009		84.68		.60
PATHOLOGY	1,719 9,242	44 257		527 544 01		11.92	.183		57.08		2.18
RADIOLOGY	6,275	0 200		702 449 40		75.57	.038		112.10		2.91
	10 000	16 074		703,440.49		41.31					2.74
ROOM USE	10,890 12,143	10,074		1 200 067 77			.066		60.97		
CROSSOVERS/ALL OTH OUTPTNT	12,143	53,222 1,243 157	_	1,399,867.77		26.30	.220	_	115.28	_	5.79
@COUNTY HOSPITAL TOTAL	263	1,243	\$		Ş	154.93	.005	Ş	732.25	Ş	.80
CO HOSPITAL INPATIENT TOTAL	30	157		161,379.01		1027.89	.001		5379.30		.67
HSC HOSPITALS	28	125		156,872.01		1254.98	.001		5602.57		.65
NON-HSC HOSPITALS TOTAL	1	1		2,855.00		2855.00	.000		2855.00		.01
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	i	0		231.30 231.30 .00 .00 2,623.70		.00	.000		2623.70		.01
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	2	31 0		1,652.00		53.29	.000		826.00		.01
ALL OTHER INDATIENT	ñ	0		.00		0.0	.000		.00		.00
CO HOCD OUTDATTENT TOTAL	242	1 006		31,201.91		28.73 35.18 210.45 11.27	.004		120 02		.13
MEDICAL	100	141		4,960.76		20.73 2E 10	.001		128.93 49.61		.02
MEDICAL	15	26		4,960.76		33.10			364.78		.02
SURGERY	66 66			5,471.67		Z1U.45	.000				
PATHOLOGY		422		4,755.36		11.2/	.002		72.05		.02
RADIOLOGY	38	48		3,671.26		76.48	.000		96.61		.02
ROOM USE	134	207		7,945.49		38.38	.001		59.29		.03
CROSSOVERS/ALL OTH OUTPTNT		242		4,397.37		18.17	.001		60.24		.02
#CALIF DEPT OF HEALTH SERV			ES MO	NTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	PI	AGE 17,051
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC A	ASSIS	STANCE - TOTAL							
									HLY AVERA		
241,951 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26,991	155,933	\$	32,772,363.63	\$	210.17	.644	\$	1214.20	\$	135.45
COMM HOSP INPATIENT TOTAL	4,176	22,927		28,968,119.53		1263.49	.095		6936.81		119.73
HSC HOSPITALS	711	5,678		9,008,383.94		1586.54	.023		12670.02		37.23
	1,919	10,505		18,662,457.12			.043		9725.09		77.13
ACCOMMODATIONS	1,892	10,505		4,241,148.60		403.73	.043		2241.62		17.53
ADMINISTRATIVE DAYS	35	172		38,586.88		224.34	.001		1102.48		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	1,873	10,333		4,202,561.72		406.71	.043		2243.76		17.37
ALL OTHER ACCOM		10,333									
ANCILLARIES	1,916			14,421,308.52		.00	.000		7526.78		59.60
INPATIENT CROSSOVERS	1,589	6,744		1,297,278.47		192.36	.028		816.41		5.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	23,829	133,006		3,804,244.10		28.60	.550		159.65		15.72
MEDICAL	4,739	8,818		390,045.40		44.23	.036		82.31		1.61
SURGERY	1,706	2,245		140,098.98		62.40	.009		82.12		.58
PATHOLOGY	9,189	43,835		522,788.65		11.93	.181		56.89		2.16

RADIOLOGY	6,246	9,261		699,777.23		75.56	.038	112.04		2.89
ROOM USE	10,775	15,867		656,063.44		41.35 26.34	.066	60.89		2.71
CROSSOVERS/ALL OTH OUTPTNT	12,076	52,980		1,395,470.40		26.34	.219	115.56		5.77
@STATE HOSPITAL	1,208	37,564	\$	17,337,596.07	\$	461.55	.155 \$	14352.31	\$	71.66
MENTALLY ILL	5	0		19,201.82		.00	.000	3840.36		.08
ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	1.203	37,564		19,201.82 17,318,394.25 11,833,324.66		461.04	.155	14396.01		71.58
@NURSING FACILITY	2 704	70,574	Ś	11 833 324 66	Ś	167.67		4376.23	Ś	48.91
T.EV A-INTERMEDIATE	13	374	٧	31,990.66	Υ	85.54	.002	2460.82	٧	.13
TEV A INTERMEDIATE	11	335		40,915.43		122.14	.001	3719.58		.17
TEN D CIDACITE EDEECTANDING	7.1	0		.00		.00	.000	.00		.00
TEA D CIDACIDE INCOME DAGED	107	6,631		3,741,815.00		564.29		18993.98		15.47
LEV B-SUBACUTE HSPIL BASED	197						.027			
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	2,493	63,234		8,018,603.57		126.81	.261	3216.45		33.14
@INTERMEDIATE CARE FACILDD	772	23,428	\$	4,102,277.66	\$	175.10		5313.83	\$	16.95
ICF DDH	167	5,123		764,065.91		149.14	.021	4575.24		3.16
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	605	18,305		3,338,211.75		182.37	.076	5517.71		13.80
@HEMODIALYSIS TOTAL	1,457	20,306	\$	1,311,147.64	\$	64.57	.084 \$	899.90	\$	5.42
HOSPITAL BASED	8	22	•	35,294.96		1604.32	.000	4411.87	-	.15
HEMODIALYSIS CENTER	1.449	20,284		1,275,852.68		62.90	.084	880.51		5.27
@REHABILITATION FACILITY	277	2,206	\$	55,742.15	\$.009 \$		Ś	.23
HOSPITAL BASED	264	2,020	т	52,943.94	Υ	26.21	.008	200.55	~	.22
INDEDENDENT FACTITTY	13	•		2,798.21		15.04	.001	215.25		.01
@IADODATODY FACTITTY	7 492	31 786	\$		\$.131 \$		Ġ	1.79
LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	7,472	186 31,786 31,019		106 000 00		13.73	.128	60.21	Ų	1.76
VO AND OFFIEDS	/,0/0	31,019		426,038.92 8,069.03 16,879,333.42 9,803.46 88,755.66		10.52	.003	19.30		.03
AU AND UIDERS	127 204	194,444	4	0,009.03	4	10.52	.003		4	
@ORGANIZED OUTPATIENT CLINIC	127,204	194,444	Ą	10,0/9,333.42	\$	00.01	.804 \$	134.09	Ą	69.76 .04
CLINIC	108	344		9,803.46		86.81 28.67 57.60	.001	90.77		
SURGICENTER	469	1,541		88,755.66		5/.60	.006	189.24		.37
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	31	288		3,319.83		11.53	.001	107.09		.01
RURAL HEALTH CLINIC	126,728	192,273		16,777,454.47		87.26	.795	132.39		69.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES :	MONTH-OF-PAYMENT RE	EPOR'	r for Jan 2	2003 THRU DE	C 2003	F	PAGE 17,052
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - TOTAL						
							MON			
241,951 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	64,789	6,977,227	\$	8,231,043.31	\$	1.18	28.837	127.04	\$	34.02
DURABLE MED. EQUIP.	2,843	13,241 0 1,253		2,157,034.81		162.91	.055	758.72		8.92
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	854	1,253 263,291		235,972.00				276.31		.98
MEDICAL TRANSPORTATION	4,961	263,291		1 000 100 66		4.64	.005 1.088 .165	246.36		5.05
AMBULANCES/AIR TRANS	2.847	39.954		468.803.92		11.73	. 165	164.67		1.94
OTHER TRANS	1 947	218 479		692 039 78				355.44		2.86
OTHER SERVICES	401	4 858		61 336 96		12 63	.020	152.96		.25
ACIDINCTIDE	/11	63		1 291 20		20.34	.000	31.25		.01
VULLA DVA REVIAR GVDE GAD	72	964		1,201.30 66 602 05		20.J 1 60 10	.004	913.59		.28
CEMENTO DICENCE RECUINO	7 3 A 7 A	47A		10,092.05		102 24	.004			.20
GENETIC DISEASE LESIING	4/4 1 OFF	4/4 11 067		40,304.00		103.34 E1 00	.004	103.34		
THMC, MODEL-NF, NF, ALDS, MSSP	⊥,∠55	11,00/		505,338.42		21.08	.046	450.47		2.34
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	10.000	U		1,222,180.66 468,803.92 692,039.78 61,336.96 1,281.30 66,692.05 48,984.00 565,338.42 .00 274,461.86 398.03		3.17 12.63 20.34 69.18 103.34 51.08 .00	.000	103.34 450.47 .00 26.65 49.75 25.21		.00
OPTICIAN	10,298	22,830		274,461.86		12.02	.094	26.65		1.13
PHYSICAL THERAPIST	8	56		398.03		/ •	.000	49.75		.00
PORTABLE X-RAY	81	187		2,042.04		10.92	.001	25.21		.01
	627	1 01 4		160 050 60		00 72	007	25/ 67		67

88.73

89.05

76.02

59.68

64.17

.00

113.20

160,952.62

157,531.65

3,420.97

.00

37,537.45

172,542.49

261,943.80

254.67

262.99

383.04

187.75

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3274.30

87.72

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1,814

1,769

2,689

2,314

45

0

629

632

599

39

98

80

0

919

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	29,979	153,786	1,197,715.14	7.79	.636	39.95	4.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16,277	6,502,569	1,825,966.64	.28	26.876	112.18	7.55
@CALIF. CHILDREN SERVICES*	8,639	464,873	\$ 12,397,141.77	\$ 26.67	1.921	\$ 1435.02	\$ 51.24
@XOVER EXCLUDING STATE HOSP**	36,328	339,870	\$ 5,185,223.02	\$ 15.26	1.405	\$ 142.73	\$ 21.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,053 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

TULARE COUNTY	SUMMARY OF SER	VICES FOR MN - NO	SOC	- AGED ALD	CODE 14 IH IU				
						MON		GE.	
20,015 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	15,484	447,665	\$	8,441,514.46	\$ 18.86	22.366	545.18	\$	421.76
@PHYSICIANS SERVICES	3,576	14,021	\$	294,069.42	\$ 20.97	.701	82.23		14.69
OUTPATIENT VISITS	480	677	т	29,816.89	44.04	.034	62.12	- T	1.49
OFFICE VISITS	369	523		18,484.63	35.34	.026	50.09		.92
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	133	151		11,280.26	74.70	.008	84.81		.56
	133	0		•					
PREVENTIVE CARE				.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	3		52.00	17.33	.000	26.00		.00
INPATIENT VISITS	87	342		14,948.38	43.71	.017	171.82		.75
HOSPITAL VISITS	85	333		14,537.08	43.65	.017	171.02		.73
CRITICAL CARE	2	2		243.20	121.60	.000	121.60		.01
SNF/ICF/TRANS IP CARE	2	7		168.10	24.01	.000	84.05		.01
OPHTHALMOLOGICAL SERVICES	33	40		1,770.68	44.27	.002	53.66		.09
EXAMINATIONS	2 33 33 0 44	40		1,770.68	44.27	.002	53.66		.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	44	135		11,912.90	88.24	.007	270.75		.60
PRINCIPAL SURGEON	35	44		9,041.98	205.50	.002	258.34		.45
	2	2							
ASSISTANT SURGEON				608.34	304.17	.000	304.17		.03
ANESTHESIOLOGIST	13	89		2,262.58	25.42	.004	174.04		.11
OUTPATIENT SURGERY	84	173		30,126.76	174.14	.009	358.65		1.51
PRINCIPAL SURGEON	69	92		27,846.67	302.68	.005	403.57		1.39
ASSISTANT SURGEON	1	1		44.31	44.31	.000	44.31		.00
ANESTHESIOLOGIST	18	80		2,235.78	27.95	.004	124.21		.11
DIALYSIS	48	145		16,424.52	113.27	.007	342.18		.82
PATHOLOGY	91	274		1,706.06	6.23	.014	18.75		.09
RADIOLOGY	329	758		25,064.24	33.07	.038	76.18		1.25
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION		372		11,166.18	30.02	.019	429.47		.56
OTHER SERVICES/ALL X-OVERS	2,923	11,105		151,132.81	13.61	.555	51.70		7.55
@PHARMACY	12 957	147,882	\$		\$ 25.09	7.389		Ġ	185.35
DDECODEDETON DDIGG	10 671	53,831	Ą	3,578,164.86	66.47	2.690	282.39	Ą	178.77
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES	12,071	4,039			50.30	.202	327.65		10.15
SNF / ICF	020			203,145.17					
OUTPATIENTS	12,103	49,792		3,375,019.69	67.78	2.488	278.86		168.62
MEDICAL SUPPLIES	1,618	94,051		131,593.08	1.40	4.699	81.33		6.57
@DENTIST	837 505 152	3,771	\$		\$ 52.50	.188 \$		\$	9.89
VISITS - DIAGNOSTIC	505	2,040		25,001.65	12.26	.102	49.51		1.25
ORAL SURGERY	152	453		25,599.00	56.51	.023	168.41		1.28
DRUGS	Z	4		45.00	11.25	.000	22.50		.00
ANESTHESIA	7	7		600.00	85.71	.000	85.71		.03
PERIODONTICS	80	82		10,026.00	122.27	.004	125.33		.50
ENDODONTICS	43	65		13,920.00	214.15	.003	323.72		.70
RESTORATIVE DENTISTRY	194	511		43,841.50	85.80	.026	225.99		2.19
PROSTHETICS	6	6		189.00	31.50	.000	31.50		.01
11.00111111100	O	O		100.00	31.30	.000	31.30		. 0 1

DENTURES, STAYPLATES	196	584	78,761.45	134.87	.029	401.84	3.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	27	19	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN 2	2003 THRU DE	EC 2003	PAGE 17,054
MOP024	FEE-FOR-SERVICE/I	ENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVIO	ES FOR MN - NO SC	C - AGED AID (CODE 14 1H 1U	1X		
					MON	THLY AVERAC	E
20,015 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	517	1,309 \$	25,573.16	\$ 19.54	.065	49.46	\$ 1.28
DIACMOCRIC AND AND DROCED	105	110	1 020 71	. 44 02	006	16 06	2E

@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT TOOSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL							M	ONT	HLY AVERA	GE.	
20,015 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	517	1,309	\$	25,573.16	\$	19.54	.065	\$	49.46	\$	1.28
DIAGNOSTIC AND ANC. PROCED	105	112		4,930.71		44.02	.006		46.96		.25
EYE APPLIANCES	343	981		16,842.71		17.17	.049		49.10		.84
OTHER OPTOMETRIC SERVICES	149	216		3,799.74		17.59	.011		25.50		.19
@CHIROPRACTOR	10	13	\$	173.18	\$	13.32	.001	\$	17.32	\$.01
VISITS	0	0	•	. 0.0	•	. 0.0	.000	•	. 0.0		.00
OTHER SERVICES	10	13		173.18		13.32	. 001		17.32		.01
@PODIATRIST	287	543	Ś	4 355 19	Ś	8 02	027	Ś	15 17	Ś	.22
MEDICINE/INTECTIONS	8	8	٧	244 40	Υ	30 55	000	Υ	30 55	٧	.01
SURGERY / ANES	1	1		13 00		13 00	000		13 00		.00
PADIO /PATHOLOGY	1	2		34 60		17 30	000		34 60		.00
OTUFD	278	522		4 063 19		7 64	000		14 62		.20
OTHER	270	16	ė.	2 000 10	ب	62 62	0027	ė.	260 05	بغ	.14
WHOME REALIR AGENCY	0	10	ې خ	2,000.40	ې د	10 02	.002	ė,	100.05	ې ب	.02
NURSE ANESIHESISI	3	18	Ş C	324.54	Ş	18.03	.001	Ģ	108.18	Ş	.02
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	U	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	1 000	U 7. 100	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
@TOTAL HOSPITAL	1,293	7,192	Ş	1,256,348.23	Ş	174.69	. 359	Ş	971.65	Ş	62.77
HOSP INPATIENT TOTAL	389	1,698		1,124,825.19		662.44	.085		2891.58		56.20
HSC HOSPITALS	19	72		79,445.48		1103.41	.004		4181.34		3.97
NON-HSC HOSPITAL TOTAL	72	418		814,028.40		1947.44	.021		11305.95		40.67
ACCOMMODATIONS	70	418		172,125.59		411.78	.021		2458.94		8.60
ADMINISTRATIVE DAYS	3	41		9,483.30		231.30	.002		3161.10		.47
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	67	377		162,642.29		431.41	.019		2427.50		62.77 56.20 3.97 40.67 8.60 .47 .00 8.13 32.07 11.56 .00 6.57 .45 .20 .59 1.18 .54 3.63 .50
ANCILLARIES	72	0		641,902.81		.00	.000		8915.32		32.07
INPATIENT CROSSOVERS	298	1,208		231,351.31		191.52	.060		776.35		11.56
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	953	5,494		131,523.04		23.94	.274		138.01		6.57
MEDICAL	107	200		8,990.30		44.95	.010		84.02		.45
SURGERY	38	39		3,961.48		101.58	.002		104.25		.20
PATHOLOGY	210	1,049		11,708.91		11.16	.052		55.76		.59
RADIOLOGY	201	369		23,524.76		63.75	.018		117.04		1.18
ROOM USE	158	218		10,776.94		49.44	.011		68.21		.54
CROSSOVERS/ALL OTH OUTPTNT	724	3,619		72,560.65		20.05	.181		100.22		3.63
@COUNTY HOSPITAL TOTAL	8	18	\$	9,909.67	\$	550.54	.001	\$	1238.71	\$.50
CO HOSPITAL INPATIENT TOTAL	1	7	•	9,450.00		1350.00	.000		9450.00	-	.47
HSC HOSPITALS	1	7		9,450.00		1350.00	.000		9450.00		.47
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		. 0.0		. 00	. 000		. 0.0		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		. 00		. 00	.000		. 00		.00
ALL OTHER ACCOM	n	n		0.0		. 00	.000		.00		.00
ANCTILARTES	Û	0		00		00	000		00		.00
INPATIENT CROSSOVERS	0	0		00		00	000		00		.00
ALL OTHER INDATIENT	0	0		.00		00	000		00		.00
CO HOSD OUTDATTENT TOTAL	7	11		459 67		41 70	001		65 67		.02
MEDICAL	, ()	U T.T.		00 109.07		41.19	.001		03.07		.02
HEDICAL	U	0		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	396.48	132.16	.000	198.24	.02
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	8	63.19	7.90	.000	12.64	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT REF	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 17,055
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO SOC	- AGED AID C	CODE 14 1H 1U	1X		
					MON'	THLY AVERAC	SE
20,015 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,285	7,174 \$	1,246,438.56	\$ 173.74	.358 \$	969.99	\$ 62.28
COMM HOSP INPATIENT TOTAL	388	1,691	1,115,375.19	659.60	.084	2874.68	55.73
HSC HOSPITALS	18	65	69,995.48	1076.85	.003	3888.64	3.50
NON-HSC HOSPITALS TOTAL	72	418	814,028.40	1947.44	.021	11305.95	40.67
ACCOMMODATIONS	70	418	172,125.59	411.78	.021	2458.94	8.60

ADMINISTRATIVE DAYS	3	41	9,483.30	231.30	.002	3161.10	.47
TRANSITIONAL IP CARE	3 0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	67	377	162,642.29	431.41	.019	2427.50	8.13
ANCILLARIES	72	0	641,902.81	.00	.000	8915.32	32.07
INPATIENT CROSSOVERS	298	1,208	231,351.31	191.52	.060	776.35	11.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	946				.274		
COMM HOSP OUTPATIENT TOTAL		5,483	131,063.37	23.90	.2/4	138.54	6.55
MEDICAL	107	200	8,990.30	44.95	.010	84.02	.45
SURGERY	38	39	3,961.48	101.58	.002	104.25	.20
PATHOLOGY	210	1,049	11,708.91	11.16	.052	55.76	.59
RADIOLOGY	199	366	23,128.28	63.19	.018	116.22	1.16
ROOM USE	158	218	10,776.94	49.44	.011	68.21	.54
CROSSOVERS/ALL OTH OUTPINT	719	3,611	72,497.46	20.08	.180	100.83	3.62
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	633	14,255 \$	1,984,600.59	\$ 139.22	.712 \$		
	0						•
LEV A-INTERMEDIATE		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	336	192,779.83	573.75	.017	16064.99	9.63
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	625	13,919	1,791,820.76	128.73	.695	2866.91	89.52
@INTERMEDIATE CARE FACILDD	1	1 \$	177.84	\$ 177.84	.000 \$	177.84	\$.01
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	i i	1	177.84	177.84	.000	177.84	.01
@HEMODIALYSIS TOTAL	119	4,006 \$		\$ 44.76		1506.76	
HOSPITAL BASED	0	4,000 \$.00	.00	.000	.00	.00
	119	-					
HEMODIALYSIS CENTER		4,006	179,304.58	44.76	.200	1506.76	8.96
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	350	1,555 \$	18,426.40	\$ 11.85	.078 \$	52.65	\$.92
PATHOLOGY	269	1,408	17,393.48	12.35	.070	64.66	.87
XO AND OTHERS	81	147	1,032.92	7.03	.007	12.75	.05
@ORGANIZED OUTPATIENT CLINIC	2,163	3,666 \$	241,598.59	\$ 65.90	.183		
CLINIC	5	88	1,574.04	17.89	.004	314.81	.08
SURGICENTER	64	94	13,257.68	141.04	.005	207.15	.66
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
			226,766.87	65.09	.174		11.33
RURAL HEALTH CLINIC	2,102	3,484				107.88	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 17,056
MOP024	FEE-FOR-SERVICE				_		01/29/04
TULARE COUNTY	SUMMARY OF SERV	/ICES FOR MN - NO SOC	- AGED AID	CODE 14 1H 1			
							GE
20,015 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,101	249,387 \$	525,940.80	\$ 2.11	12.460	169.60	\$ 26.28
DURABLE MED. EQUIP.	135	329	67,377.89	204.80	.016	499.10	3.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	105	160	43,990.79	274.94	.008	418.96	2.20
	481	18,722		4.10	.935		3.84
MEDICAL TRANSPORTATION			76,837.61			159.75	
AMBULANCES/AIR TRANS	98	625	11,572.67	18.52	.031	118.09	.58
OTHER TRANS	337	17,236	61,727.62	3.58	.861	183.17	3.08
OTHER SERVICES	79	861	3,537.32	4.11	.043	44.78	.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	196	13,544.00	69.10	.010	1934.86	.68
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	237	2,096	103,450.99	49.36	.105	436.50	5.17
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
	· ·	ŭ	. 0 0				

OPTICIAN	556	1,318	18,309.97	13.89	.066	32.93	}	.91
PHYSICAL THERAPIST	1	1	.81	.81	.000	.81		.00
PORTABLE X-RAY	15	34	35.30	1.04	.002	2.35	· •	.00
PROSTHETIST/ORTHOTISTS	41	76	2,454.00	32.29	.004	59.85	· •	.12
PROSTHETICS	39	74	2,382.87	32.20	.004	61.10)	.12
ORTHOTICS	2	2	71.13	35.57	.000	35.57	,	.00
PSYCHOLOGIST	2	9	570.45	63.38	.000	285.23	3	.03
SPEECH AND AUDIOLOGY	109	206	18,068.27	87.71	.010	165.76)	.90
HOSPICE SERVICES	20	379	46,179.65	121.85	.019	2308.98	3	2.31
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	1,765	225,861	135,121.07	.60	11.285	76.56	•	6.75
@CALIF. CHILDREN SERVICES*	1	1	\$ 25.00	\$ 25.00	.000	\$ 25.00) \$.00
@XOVER EXCLUDING STATE HOSP**	5,172	35,422	\$ 811,479.20	\$ 22.91	1.770	\$ 156.90) \$	40.54

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,057 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24 MOP024 01/29/04 TULARE COUNTY

TULARE COUNTY	SUMMARY OF SER	VICES FOR MN - NO SO	C - BLIND	AID CODE	24		
					MON'	THLY AVERAC	GE
70 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	67	1,157 \$	87,555.69	\$ 75.67	16.529 \$	1306.80	\$ 1250.80
@PHYSICIANS SERVICES	14	75 \$	613.25	\$ 8.18	1.071 \$	43.80	\$ 8.76
OUTPATIENT VISITS	2	3	130.40	43.47	.043	65.20	1.86
OFFICE VISITS	2	3	130.40	43.47	.043	65.20	1.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.99	2.99	.014	2.99	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	71	479.86	6.76	1.014	39.99	6.86
@PHARMACY	51	404 \$	16,852.01	\$ 41.71	5.771 \$		
PRESCRIPTION DRUGS	48	198	16,492.05	83.29	2.829	343.58	235.60
SNF/ICF	8	40	1,671.40	41.79	.571	208.93	23.88
OUTPATIENTS	40	158	14,820.65	93.80	2.257	370.52	211.72

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	6	206	359.96		1.75	2.943	59.99	5.14
@DENTIST	2	12 \$	319.00	\$	26.58	.171	\$ 159.50	\$ 4.56
VISITS - DIAGNOSTIC	1	9	101.00		11.22	.129	101.00	1.44
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	218.00		72.67	.043	218.00	3.11
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 200	3 THRU	DEC 2003	PAGE 17,058
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	MN - NO S	SOC - BLIND		AID CODE 24			

----- MONTHLY AVERAGE -----70 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY .00 0 .000 \$.00 @OPTOMETRIST 0 \$.00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$.00 \$.00 .00 .00 .000 .00 .00 VISITS OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 1 \$ 3.24 \$ 3.24 .014 3.24 .05 \$.00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 1 3.24 3.24 .014 3.24 .05 @HOME HEALTH AGENCY .00 \$.00 .000 .00 .00 NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$.00 1,309.98 18 72.78 .257 654.99 18.71 @TOTAL HOSPITAL HOSP INPATIENT TOTAL 18 1,309.98 72.78 .257 654.99 18.71 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES 0 .00 .00 .000 .00 .00 72.78 18.71 1,309.98 .257 654.99 INPATIENT CROSSOVERS 18 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 0 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 \$.00 0 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL

.00

.00

.000

.00

.00

HSC HOSPITALS

NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
	0	0								
ADMINISTRATIVE DAYS	•	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT	REPOR	T FOR JAN 2	2003 THRU 1	DEC	2003	P	AGE 17,059
MOP024	FEE-FOR-SERVICE									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SC	C - BLIND		AID CODE	24				
						M				
70 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	18 \$	1,309.98	\$	72.78	.257	\$	654.99	\$	18.71
COMM HOSP INPATIENT TOTAL	2	18	1,309.98		72.78	.257		654.99		18.71
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	18	1,309.98		72.78	.257		654.99		18.71
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0 \$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	10	209 \$	24,400.73		116.75	2.986	Ś		Ś	348.58
LEV A-INTERMEDIATE	0	0	.00		.00	.000	т	.00	Τ.	.00
LEV B-REHAB MD	Ô	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	10	209	24,400.73		116.75	2.986		2440.07		348.58
@INTERMEDIATE CARE FACILDD	4	155 \$	28,307.70		182.63		Ś	7076.93	Ś	404.40
ICF DDH	0	199	.00		.00	.000	Y	.00	٧	.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICE DDM/DDCM	4	155	28 307 70		182 63	2 214		7076 93		404 40

155

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

.00

.00

.00

.00

.00

182.63

200.34

200.34

\$

\$

28,307.70

1,602.75

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2.214

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.114 \$

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400.69 \$

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.00

.00 \$

7076.93

400.69

.00

.00

.00

.00

.00

404.40

22.90

22.90

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	23 \$	832.32	\$ 36.19	.329 \$	64.02	\$ 11.89
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	23	832.32	36.19	.329	64.02	11.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	ITH-OF-PAYMENT REI	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 17,060
MOP024	FEE-FOR-SERVICE/DENTAL	<u></u>					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FO	OR MN - NO SOC -	BLIND	AID CODE	24		
					MONT	THLY AVERA	GE
70 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	252 \$	13,314.71	\$ 52.84	3.600 \$	1109.56	\$ 190.21
DURABLE MED. EQUIP.	5	21	10,791.69	513.89	.300	2158.34	154.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	1,590.48	1590.48	.014	1590.48	22.72
MEDICAL TRANSPORTATION	6	220	580.30	2.64	3.143	96.72	8.29
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	6	220	580.30	2.64	3.143	96.72	8.29
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	187.47	46.87	.057	93.74	2.68
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	6	164.77	27.46	.086	41.19	2.35
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	19	86	3,882.44	\$ 45.14	1.229	\$ 204.34	\$ 55.46
o + momar o		TATE ODA/A ET OAT TEE	7.4 0377 77 .				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,061 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

IULARE COUNTI	SUMMARI OF SERV	VICES FOR MIN - NO	50C -	- DISABLED 04	OG OH OU OV OA	oG		
						MC	ONTHLY AVERA	GE
13,840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11,979	453,634	\$	12,514,822.62	\$ 27.59	32.777	\$ 1044.73	\$ 904.25
@PHYSICIANS SERVICES	3,264	24,313	\$	648,095.30	\$ 26.66	1.757	\$ 198.56	\$ 46.83
OUTPATIENT VISITS	901	1,409		66,461.61	47.17	.102	73.76	4.80
OFFICE VISITS	587	829		28,288.79	34.12	.060	48.19	2.04
HOME VISITS	2	3		142.70	47.57	.000	71.35	.01
EMERGENCY ROOM	310	459		34,527.03	75.22	.033	111.38	2.49
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	22		776.89	35.31	.002	194.22	.06
OTHER OUTPATIENT	62	96		2,726.20	28.40	.007	43.97	.20
INPATIENT VISITS	335	2,388		87,104.58	36.48	.173	260.01	6.29
HOSPITAL VISITS	314	2,169		68,410.90	31.54	.157	217.87	4.94
CRITICAL CARE	33	135		15,132.38	112.09	.010	458.56	1.09
SNF/ICF/TRANS IP CARE	25	84		3,561.30	42.40	.006	142.45	.26
OPHTHALMOLOGICAL SERVICES	58	105		4,544.33	43.28	.008	78.35	.33
EXAMINATIONS	58	105		4,544.33	43.28	.008	78.35	.33
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	202	1,447		106,304.48	73.47	.105	526.26	7.68
PRINCIPAL SURGEON	166	305		87,817.21	287.93	.022	529.02	6.35
ASSISTANT SURGEON	9	9		1,734.45	192.72	.001	192.72	.13
ANESTHESIOLOGIST	58	1,133		16,752.82	14.79	.082	288.84	1.21
OUTPATIENT SURGERY	178	453		64,298.36	141.94	.033	361.23	4.65
PRINCIPAL SURGEON	152	219		58,722.99	268.14	.016	386.34	4.24
ASSISTANT SURGEON	1	1		53.24	53.24	.000	53.24	.00
ANESTHESIOLOGIST	36	233		5,522.13	23.70	.017	153.39	.40

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	61	264		22,058.21		83.55	.019		361.61		1.59
PATHOLOGY	154	644		10,288.40		15.98	.047		66.81		.74
RADIOLOGY	646	2,146		69,501.41		32.39	.155		107.59		5.02
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	54	1,865		59,984.40		32.16	.135		1110.82		4.33
OTHER SERVICES/ALL X-OVERS	2,033	13,592		157,549.52		11.59	.982		77.50		11.38
@PHARMACY	9,225	116,459	\$	3,966,310.84	\$	34.06	8.415	\$	429.95	\$	286.58
PRESCRIPTION DRUGS	9,052	43,815		3,814,871.13		87.07	3.166		421.44		275.64
SNF/ICF	258	1,954		109,806.11		56.20	.141		425.61		7.93
OUTPATIENTS	8,821	41,861		3,705,065.02		88.51	3.025		420.03		267.71
MEDICAL SUPPLIES	1,414	72,644		151,439.71		2.08	5.249		107.10		10.94
@DENTIST	780	3,901	\$	164,238.45	\$	42.10	.282	\$	210.56	\$	11.87
VISITS - DIAGNOSTIC	498	2,244		25,355.22		11.30	.162		50.91		1.83
ORAL SURGERY	131	475		23,738.00		49.97	.034		181.21		1.72
DRUGS	3	3		15.00		5.00	.000		5.00		.00
ANESTHESIA	22	24		1,830.00		76.25	.002		83.18		.13
PERIODONTICS	89	98		11,487.00		117.21	.007		129.07		.83
ENDODONTICS	51	74		15,696.00		212.11	.005		307.76		1.13
RESTORATIVE DENTISTRY	216	592		45,925.00		77.58	.043		212.62		3.32
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	102	337		39,416.00		116.96	.024		386.43		2.85
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	9	9		716.23		79.58	.001		79.58		.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	24	43		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2003 THRU	DEC	2003	PI	GE 17,062
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	S FOR MN - N	0 SOC	C - DISABLED 64 6	6G 6I	4 6U 6V 6X	8G				

IULARE COUNTY	SUMMARY OF SERV	TICES FOR MIN - NO	SUC	: - DISABLED 64	0G 0.	H OU OV OX						
							MC			_		
13,840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3	COST PER		COST PER	
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE	
@OPTOMETRIST	365	1,003	\$	21,580.16			.072	\$	59.12	\$	1.56	
DIAGNOSTIC AND ANC. PROCED	146	148		6,829.69		46.15	.011		46.78		.49	
EYE APPLIANCES	271	778		13,058.46		16.78	.056		48.19		.94	
OTHER OPTOMETRIC SERVICES	56	77		1,692.01		21.97	.006		30.21		.12	
@CHIROPRACTOR	44	99	\$	1,284.58		12.98	.007	\$	29.20	\$.09	
VISITS	30	53		877.80		16.56	.004		29.26		.06	
OTHER SERVICES	17	46		406.78		8.84	.003		23.93		.03	
@PODIATRIST	185	441	\$	5,218.23	\$	11.83	.032	\$	28.21	\$.38	
MEDICINE/INJECTIONS	30	36		1,086.60		30.18	.003		36.22		.08	
SURGERY/ANES.	4	4		711.29		177.82	.000		177.82		.05	
RADIO./PATHOLOGY	5	6		79.60		13.27	.000		15.92		.01	
OTHER	154	395		3,340.74		8.46	.029		21.69		.24	
@HOME HEALTH AGENCY	150	20,725	\$	573,697.82	\$	27.68	1.497	\$	3824.65	\$	41.45	
NURSE ANESTHESIST	6	44	\$	586.58	\$	13.33		\$	97.76	\$.04	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	1,619	16,975	\$	4,668,806.45	\$	275.04	1.227	\$	2883.76	\$	337.34	
HOSP INPATIENT TOTAL	441	3,328		4,271,934.04		1283.63	.240		9686.93		308.67	
HSC HOSPITALS	57	600		674,314.00		1123.86	.043		11830.07		48.72	
NON-HSC HOSPITAL TOTAL	236	1,861		3,439,323.51		1848.11	.134		14573.40		248.51	
ACCOMMODATIONS	227	1,861		687,894.12		369.64	.134		3030.37		49.70	
ADMINISTRATIVE DAYS	7	52		10,177.20		195.72	.004		1453.89		.74	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	222	1,809		677,716.92		374.64	.131		3052.78		48.97	
ANCILLARIES	236	0		2,751,429.39		.00	.000		11658.60		198.80	
INPATIENT CROSSOVERS	157	867		158,296.53		182.58	.063		1008.26		11.44	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	

HOSP OUTPATIENT TOTAL	1,296	13,647		396,872.41	29.08	.986	306.23	28.68	
MEDICAL	302	677		31,408.20	46.39	.049	104.00	2.27	
SURGERY	124	212		24,791.73	116.94	.015	199.93	1.79	
PATHOLOGY	542	3,517		39,086.95	11.11	.254	72.12	2.82	
RADIOLOGY	390	880		74,267.61	84.40	.064	190.43	5.37	
ROOM USE	442	1,042		43,827.39	42.06	.075	99.16	3.17	
CROSSOVERS/ALL OTH OUTPTNT	756	7,319		183,490.53	25.07	.529	242.71	13.26	
@COUNTY HOSPITAL TOTAL	37	1,144	\$	100,474.59	\$ 87.83	.083	\$ 2715.53	\$ 7.26	
CO HOSPITAL INPATIENT TOTAL	5	81	•	68,387.00	844.28	.006	13677.40	4.94	
HSC HOSPITALS	5	81		68,387.00	844.28	.006	13677.40	4.94	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	33	1,063		32,087.59	30.19	.077	972.35	2.32	
MEDICAL	19	35		1,215.80	34.74	.003	63.99	.09	
SURGERY	13	77		16,106.30	209.17	.006	1238.95	1.16	
PATHOLOGY	14	370		3,102.50	8.39	.027	221.61	.22	
RADIOLOGY	5	6		148.29	24.72	.000	29.66	.01	
ROOM USE	23	109		3,769.12	34.58	.008	163.87	.27	
CROSSOVERS/ALL OTH OUTPTNT	18	466		7,745.58	16.62	.034	430.31	.56	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		ES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 17,063	
MOP024	FEE-FOR-SERVICE/DENT							01/29/04	
TULARE COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC	- DISABLED 64 6	5G 6H 6U 6V 62				
						M	ONTHLY AVERA	GE	

						MIRLI AVERA	
13,840 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,590	15,831	\$ 4,568,331.86	\$ 288.57	1.144	\$ 2873.16	\$ 330.08
COMM HOSP INPATIENT TOTAL	437	3,247	4,203,547.04	1294.59	.235	9619.10	303.72
HSC HOSPITALS	52	519	605,927.00	1167.49	.038	11652.44	43.78
NON-HSC HOSPITALS TOTAL	236	1,861	3,439,323.51	1848.11	.134	14573.40	248.51
ACCOMMODATIONS	227	1,861	687,894.12	369.64	.134	3030.37	49.70
ADMINISTRATIVE DAYS	7	52	10,177.20	195.72	.004	1453.89	.74
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	222	1,809	677,716.92	374.64	.131	3052.78	48.97
ANCILLARIES	236	0	2,751,429.39	.00	.000	11658.60	198.80
INPATIENT CROSSOVERS	157	867	158,296.53	182.58	.063	1008.26	11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,269	12,584	364,784.82	28.99	.909	287.46	26.36
MEDICAL	283	642	30,192.40	47.03	.046	106.69	2.18
SURGERY	111	135	8,685.43	64.34	.010	78.25	.63
PATHOLOGY	528	3,147	35,984.45	11.43	.227	68.15	2.60
RADIOLOGY	387	874	74,119.32	84.80	.063	191.52	5.36
ROOM USE	421	933	40,058.27	42.93	.067	95.15	2.89
CROSSOVERS/ALL OTH OUTPTNT	739	6,853	175,744.95	25.64	.495	237.81	12.70
@STATE HOSPITAL	3	107	\$ 57,352.00	\$ 536.00	.008	\$ 19117.33	\$ 4.14
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	3	107	57,352.00	536.00	.008	19117.33	4.14
@NURSING FACILITY	223	5,271	\$ 1,020,070.95	\$ 193.53	.381	\$ 4574.31	\$ 73.70
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	23	775	431,607.62	556.91	.056	18765.55	31.19
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	201	4,496	588,463.33	130.89	.325	2927.68	42.52
@INTERMEDIATE CARE FACILDD	37	968	\$ 170,213.93	\$ 175.84	.070	\$ 4600.38	\$ 12.30

5	151		22,481.67		148.89	.011		4496.33		1.62
0	0		.00		.00	.000		.00		.00
32	817		147,732.26		180.82	.059		4616.63		10.67
246	7,914	\$	239,688.21	\$	30.29	.572	\$	974.34	\$	17.32
0	0		.00		.00	.000		.00		.00
246	7,914		239,688.21		30.29	.572		974.34		17.32
10	71	\$	1,362.63	\$	19.19	.005	\$	136.26	\$.10
10	71		1,362.63		19.19	.005		136.26		.10
0	0		.00		.00	.000		.00		.00
406	1,865	\$	28,671.98	\$	15.37	.135	\$	70.62	\$	2.07
349	1,764		28,076.81		15.92	.127		80.45		2.03
58	101		595.17		5.89	.007		10.26		.04
2,490	4,651	\$	390,753.96	\$	84.02	.336	\$	156.93	\$	28.23
3	7		347.22		49.60	.001		115.74		.03
36	116		6,714.84		57.89	.008		186.52		.49
2	29		338.44		11.67	.002		169.22		.02
2,455	4,499		383,353.46		85.21	.325		156.15		27.70
MEDI-CAL SERVICES AN	ID EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPOR7	FOR JAN	2003 THRU	DEC	2003	PI	AGE 17,064
FEE-FOR-SERVICE/DENT	CAL									01/29/04
SUMMARY OF SERVICES	FOR MN - N	O SOC	- DISABLED 64 6	6G 61	4 6U 6V 6X	8G				
	246 0 246 10 10 0 406 349 58 2,490 3 36 2 2,455 MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT	0 0 32 817 246 7,914 0 0 0 246 7,914 10 71 10 71 10 71 0 0 0 406 1,865 349 1,764 58 101 2,490 4,651 3 7 36 116 2 2 29 2,455 4,499 MEDI-CAL SERVICES AND EXPENDITURES	0 0 32 817 246 7,914 \$ 0 0 0 246 7,914 10 71 \$ 10 71 \$ 10 71 0 0 406 1,865 \$ 349 1,764 58 101 2,490 4,651 \$ 3 7 36 116 2 29 2,455 4,499 MEDI-CAL SERVICES AND EXPENDITURES MOFEE-FOR-SERVICE/DENTAL	0 0 0 .00 32 817 147,732.26 246 7,914 \$ 239,688.21 0 0 0 .00 246 7,914 239,688.21 10 71 \$ 1,362.63 10 71 \$ 1,362.63 0 0 .00 406 1,865 \$ 28,671.98 349 1,764 28,076.81 58 101 595.17 2,490 4,651 \$ 390,753.96 3 7 347.22 36 116 6,714.84 2 29 38.44 2,455 4,499 383,353.46 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REFEE-FOR-SERVICE/DENTAL	0 0 0 .00 32 817 147,732.26 246 7,914 \$ 239,688.21 \$.00 246 7,914 239,688.21 10 71 \$ 1,362.63 \$.10 10 71 \$ 1,362.63 \$.10 406 1,865 \$ 28,671.98 \$.349 1,764 28,076.81 58 101 595.17 2,490 4,651 \$ 390,753.96 \$.3 7 347.22 36 116 6,714.84 2 29 338.44 2,455 4,499 383,353.46 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	0 0 0 .00 32 817 147,732.26 180.82 246 7,914 \$ 239,688.21 \$ 30.29 0 0 0 .00 .00 246 7,914 239,688.21 30.29 10 71 \$ 1,362.63 \$ 19.19 10 71 1,362.63 \$ 19.19 0 0 .00 .00 406 1,865 \$ 28,671.98 \$ 15.37 349 1,764 28,076.81 15.92 58 101 595.17 5.89 2,490 4,651 \$ 390,753.96 \$ 84.02 3 7 347.22 49.60 36 116 6,714.84 57.89 2 29 338.44 11.67 2,455 4,499 383,353.46 85.21 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 0 147,732.26 180.82 .059 246 7,914 \$ 239,688.21 \$ 30.29 .572 \$ 0 0 0 .00 .00 .00 .000 246 7,914 239,688.21 30.29 .572 10 7,914 239,688.21 30.29 .572 10 71 \$ 1,362.63 \$ 19.19 .005 \$ 10 71 1,362.63 \$ 19.19 .005 \$ 10 71 1,362.63 \$ 19.19 .005 \$ 0 0 .00 .00 .00 .00 .00 .00 \$ 406 1,865 \$ 28,671.98 \$ 15.37 .135 \$ 349 1,764 28,076.81 15.92 .127 58 101 595.17 5.89 .007 2,490 4,651 \$ 390,753.96 \$ 84.02 .336 \$ 3 7 347.22 49.60 .001 36 116 6,714.84 57.89 .008 2 29 338.44 11.67 .002 2,455 4,499 383,353.46 85.21 .325 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC	0 0 0 147,732.26 180.82 .059 4616.63 246 7,914 \$ 239,688.21 \$ 30.29 .572 \$ 974.34 0 0 .00 .00 .00 .00 .00 246 7,914 239,688.21 30.29 .572 974.34 10 71 \$ 1,362.63 \$ 19.19 .005 \$ 136.26 10 71 \$ 1,362.63 \$ 19.19 .005 \$ 136.26 10 71 1,362.63 19.19 .005 \$ 136.26 0 0 .00 .00 .00 .00 .00 406 1,865 \$ 28,671.98 \$ 15.37 .135 \$ 70.62 349 1,764 28,076.81 15.92 .127 80.45 58 101 595.17 5.89 .007 10.26 2,490 4,651 \$ 390,753.96 \$ 84.02 .336 \$ 156.93 3 7 347.22 49.60 .001 115.74 36 116 6,714.84 57.89 .008 186.52 2 29 338.44 11.67 .002 169.22 2,455 4,499 383,353.46 85.21 .325 156.15 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	0 0 147,732.26 180.82 .059 4616.63 246 7,914 \$ 239,688.21 \$ 30.29 .572 \$ 974.34 \$ 0 0 0 .00 .00 .00 .00 .00 246 7,914 239,688.21 30.29 .572 974.34 \$ 10 7,914 239,688.21 30.29 .572 974.34 \$ 10 71 \$ 1,362.63 \$ 19.19 .005 \$ 136.26 \$ 10 71 \$ 1,362.63 \$ 19.19 .005 \$ 136.26 \$ 10 71 1,362.63 19.19 .005 136.26 \$ 10 71 1,362.63 19.19 .005 \$ 136.26 \$ 10 6 1,865 \$ 28,671.98 \$ 15.37 .135 \$ 70.62 \$ 349 1,764 28,076.81 15.92 .127 80.45 \$ 58 101 595.17 5.89 .007 10.26 \$ 2,490 4,651 \$ 390,753.96 \$ 84.02 .336 \$ 156.93 \$ 2,490 4,651 \$ 390,753.96 \$ 84.02 .336 \$ 156.93 \$ 3 7 347.22 49.60 .001 115.74 \$ 36 116 6,714.84 57.89 .008 186.52 \$ 2,455 4,499 383,353.46 85.21 .325 156.15 \$ MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAREEL-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -----13,840 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,065 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY

216,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	188,584	644,984	\$ 45,590,839.81	\$ 70.69	2.984	\$ 241.75	\$ 210.91
@PHYSICIANS SERVICES	16,413	48,011	\$ 2,987,295.22	\$ 62.22	.222	\$ 182.01	\$ 13.82
OUTPATIENT VISITS	9,480	17,069	697,411.67	40.86	.079	73.57	3.23
OFFICE VISITS	2,481	3,151	119,867.13	38.04	.015	48.31	.55
HOME VISITS	2	3	152.12	50.71	.000	76.06	.00
EMERGENCY ROOM	4,901	5,659	317,907.72	56.18	.026	64.87	1.47
PREVENTIVE CARE	52	52	2,874.51	55.28	.000	55.28	.01
OB VISITS/COMPRE PERI	1,656	7,341	220,638.98	30.06	.034	133.24	1.02
OTHER OUTPATIENT	729	863	35,971.21	41.68	.004	49.34	.17
INPATIENT VISITS	1,689	6,803	601,677.15	88.44	.031	356.23	2.78
HOSPITAL VISITS	1,517	4,388	212,826.12	48.50	.020	140.29	.98
CRITICAL CARE	231	2,410	388,649.53	161.27	.011	1682.47	1.80
SNF/ICF/TRANS IP CARE	4	5	201.50	40.30	.000	50.38	.00
OPHTHALMOLOGICAL SERVICES	138	170	7,818.46	45.99	.001	56.66	.04

EXAMINATIONS 136 168 7,747.88 46.12 .001 56.97	.04
SERVICES AND MATERIALS 2 2 70.58 35.29 .000 35.29	.00
INPATIENT HOSPITAL SURGERY 1,909 6,280 985,480.28 156.92 .029 516.23	4.56
PRINCIPAL SURGEON 1,379 1,592 836,566.40 525.48 .007 606.65	3.87
ASSISTANT SURGEON 133 137 26,189.91 191.17 .001 196.92	.12
ANESTHESIOLOGIST 606 4,551 122,723.97 26.97 .021 202.51	.57
OUTPATIENT SURGERY 1,235 2,763 231,271.25 83.70 .013 187.26	1.07
PRINCIPAL SURGEON 1,005 1,287 192,491.80 149.57 .006 191.53	.89
ASSISTANT SURGEON 5 5 720.68 144.14 .000 144.14	.00
ANESTHESIOLOGIST 337 1,471 38,058.77 25.87 .007 112.93	.18
DTALVGIG 33 248 10 887 33 43 90 001 329 92	.05
PATHOLOGY 1,269 2,582 43,529.97 16.86 .012 34.30	.20
RADIOLOGY 4,633 7,541 242,276.60 32.13 .035 52.29	1.12
PSYCHIATRY 1 3 155.19 51.73 .000 155.19	.00
IMMUNIZATION AND INJECTION 242 689 21,081.06 30.60 .003 87.11	.10
OTHER SERVICES/ALL X-OVERS 1,798 3,863 145,706.26 37.72 .018 81.04	.67
@PHARMACY 22,030 75,535 \$ 2,514,231.64 \$ 33.29 .349 \$ 114.13	\$ 11.63
PRESCRIPTION DRUGS 21,524 45,883 1,929,246.20 42.05 .212 89.63	8.92
SNF/ICF 11 43 2,603.69 60.55 .000 236.70	.01
OUTPATIENTS 21,513 45,840 1,926,642.51 42.03 .212 89.56	8.91
MEDICAL SUPPLIES 1,308 29,652 584,985.44 19.73 .137 447.24	2.71
@DENTIST 27,543 163,479 \$ 5,327,630.19 \$ 32.59 .756 \$ 193.43	\$ 24.65
VISITS - DIAGNOSTIC 19,015 105,505 1,286,212.91 12.19 .488 67.64	5.95
ORAL SURGERY 4,243 8,850 557,769.05 63.02 .041 131.46	2.58
DRUGS 132 166 2,970.00 17.89 .001 22.50	.01
ANESTHESIA 693 961 65,535.00 68.19 .004 94.57	.30
PERIODONTICS 1,458 1,490 190,950.48 128.15 .007 130.97	.88
ENDODONTICS 2,720 4,553 680,008.70 149.35 .021 250.00	3.15
RESTORATIVE DENTISTRY 10,781 36,373 2,159,863.33 59.38 .168 200.34	9.99
PROSTHETICS 107 121 2,744.00 22.68 .001 25.64	.01
DENTURES, STAYPLATES 407 1,684 125,660.75 74.62 .008 308.75	.58
SPACE MAINTAINERS 238 279 27,799.93 99.64 .001 116.81	.13
MAXILLOFACIAL SERVICES 292 297 34,039.78 114.61 .001 116.57	.16
FRACTURES, DISLOCATIONS 4 7 5,150.00 735.71 .000 1287.50	.02
ORTHODONTIC SERVICES 1,866 2,337 187,426.26 80.20 .011 100.44	.87
ALL OTHER SERVICES 867 856 1,500.00 1.75 .004 1.73	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,066
MOP024 FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	
MONTHLY AVERAG	

216,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY PER ELIG	 COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	884	2,523	\$ 63,121.79	\$ 25.02	.012	\$ 71.40	\$.29
DIAGNOSTIC AND ANC. PROCED	791	798	37,394.72	46.86	.004	47.28	.17
EYE APPLIANCES	583	1,709	25,475.37	14.91	.008	43.70	.12
OTHER OPTOMETRIC SERVICES	15	16	251.70	15.73	.000	16.78	.00
@CHIROPRACTOR	485	783	\$ 13,083.40	\$ 16.71	.004	\$ 26.98	\$.06
VISITS	485	783	13,083.40	16.71	.004	26.98	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	42	\$ 1,421.92	\$ 33.86	.000	\$ 83.64	\$.01
MEDICINE/INJECTIONS	17	22	890.02	40.46	.000	52.35	.00
SURGERY/ANES.	1	2	158.98	79.49	.000	158.98	.00
RADIO./PATHOLOGY	8	14	157.44	11.25	.000	19.68	.00
OTHER	2	4	215.48	53.87	.000	107.74	.00
@HOME HEALTH AGENCY	129	364	\$ 22,615.15	\$ 62.13	.002	\$ 175.31	\$.10
NURSE ANESTHESIST	60	289	\$ 6,867.77	\$ 23.76	.001	\$ 114.46	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	9	\$ 642.68	\$ 71.41	.000	\$ 128.54	\$.00
@TOTAL HOSPITAL	13,608	61,122	\$ 17,688,126.50	\$ 289.39	.283	\$ 1299.83	\$ 81.83

HOSP INPATIENT TOTAL	2,616	11,759		16,340,996.97		1389.66		6246.56		75.60
HSC HOSPITALS	596	4,316		6,822,528.77			.020	11447.20		31.56
NON-HSC HOSPITAL TOTAL	2,026	7,339		9,491,966.20		1293.36		4685.08		43.91
ACCOMMODATIONS	1,977	7,339		2,749,289.34				1390.64		12.72
ADMINISTRATIVE DAYS	1	7		1,619.10		231.30	.000	1619.10		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1,976	7,332		2,747,670.24		374.75	.034	1390.52		12.71
ANCILLARIES	2,025	0		6,742,676.86		.00	.000	3329.72		31.19
INPATIENT CROSSOVERS	6	104		26,502.00		254.83	.000	4417.00		.12
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	11,664	49,363		1,347,129.53		27.29	.228	115.49		6.23
		2,845		130,568.64		45.89	.013	67.23		.60
SURGERY PATHOLOGY	739	878		41,097.80		46.81	.004	55.61		.19
PATHOLOGY	5,216	20,427		244,196.49		11.95	.094	46.82		1.13
RADIOLOGY	3,331	4,485		318,543.49		71.02	.021	95.63		1.47
ROOM USE	6,665	8,611		357,568.74		41.52	.040	53.65		1.65
CROSSOVERS/ALL OTH OUTPTNT	6,665 5,120	12,117				21 06	.056	49.83		1.18
@COUNTY HOSPITAL TOTAL	106	581	5	255,154.37 373,790.50	\$	643.36 1271.00	.003	\$ 3526.33	\$	1.73
CO HOSPITAL INPATIENT TOTAL	20	286		363,507.09		1271.00	.001	18175.35		1.68
HSC HOSPITALS	106 20 20	286		363,507.09		1271.00	.001	18175.35		1.68
NON-HSC HOSPITALS TOTAL	0	0		0.0		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0 0 0 0 0 88	0		.00 .00 .00 .00 .00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	88	295		10,283.41		34.86	.001	116.86		.05
MEDICAL	15	16		612.47		38.28	.000	40.83		.00
SURGERY	4	5		1,184.15		236.83		296.04		.01
SURGERY PATHOLOGY	26	92		1,114.62		12.12	.000	42.87		.01
RADIOLOGY	17	24		1,736.54		72.36	.000	102.15		.01
ROOM USE	31	47		1,881.61		40.03		60.70		.01
CROSSOVERS/ALL OTH OUTPTNT	~ -	111		3,754.02		33.82	.001	83.42		.02
#CALIF DEPT OF HEALTH SERV			MON 5						ΡZ	AGE 17,067
	FEE-FOR-SERVICE/DENTAL				010.	2 2 010 01110	2000 111110		- 1	01/29/04
	SUMMARY OF SERVICES FO		-FAM	34 39 3N 3T 3V	54 50	9 5.T 5W-5°	ү 6,т 7,т 7к			01/20/01
		111 110000		51 57 51 51 5V	01 0.			ONTHLY AVERA	GE -	

216,164 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @COMMUNITY HOSPITAL TOTAL 13,508 60,541 \$ 17,314,336.00 \$ 285.99 .280 \$ 1281.78 80.10 COMM HOSP INPATIENT TOTAL 2,596 11,473 15,977,489.88 1392.62 .053 6154.66 73.91 29.88 HSC HOSPITALS 576 4,030 6,459,021.68 1602.73 .019 11213.58 2,026 7,339 4685.08 NON-HSC HOSPITALS TOTAL 9,491,966.20 1293.36 .034 43.91 1,977 7,339 2,749,289.34 374.61 .034 1390.64 12.72 ACCOMMODATIONS 1 231.30 .000 1619.10 .01 ADMINISTRATIVE DAYS 1,619.10 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 1,976 7,332 2,747,670.24 12.71 374.75 1390.52 ALL OTHER ACCOM .034 2,025 6,742,676.86 3329.72 31.19 ANCILLARIES 0 .00 .000 254.83 4417.00 INPATIENT CROSSOVERS 6 104 26,502.00 .000 .12 ALL OTHER INPATIENT 0 .00 .000 .00 0 .00 .00 COMM HOSP OUTPATIENT TOTAL 11,582 49,068 1,336,846.12 27.24 .227 115.42 6.18 67.44 MEDICAL 1,927 2,829 129,956.17 45.94 .013 .60 735 873 SURGERY 39,913.65 45.72 .004 54.30 .18 5,192 20,335 11.95 .094 46.82 PATHOLOGY 243,081.87 1.12 RADIOLOGY 3,315 4,461 316,806.95 71.02 .021 95.57 1.47 6,635 8,564 41.53 53.61 ROOM USE 355,687.13 .040 1.65 5,076 12,006 251,400.35 20.94 .056 49.53 1.16 CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL 2 31 \$ 12,356.84 \$ 398.61 .000 \$ 6178.42 .06

MENTALLY ILL	2	31		12,356.84		398.61	.000		6178.42		.06
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	20	489	\$	113,740.83	\$	232.60	.002	\$	5687.04	\$.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	117		58,070.75		496.33	.001		14517.69		.27
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	372		55,670.08		149.65	.002		3274.71		.26
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	36	1,601	\$	79,063.58	\$	49.38	.007	\$	2196.21	\$.37
HOSPITAL BASED	2	10		7,062.37		706.24	.000		3531.19		.03
HEMODIALYSIS CENTER	34	1,591		72,001.21		45.26	.007		2117.68		.33
@REHABILITATION FACILITY	75	481	\$	14,261.57	\$	29.65	.002	\$	190.15	\$.07
HOSPITAL BASED	69	341		11,465.95		33.62	.002		166.17		.05
INDEPENDENT FACILITY	6	140		2,795.62		19.97	.001		465.94		.01
@LABORATORY FACILITY	4,555	12,558	\$	246,097.25	\$	19.60	.058	\$	54.03	\$	1.14
PATHOLOGY	4,545	12,545		245,375.00		19.56	.058		53.99		1.14
XO AND OTHERS	13	13		722.25		55.56	.000		55.56		.00
@ORGANIZED OUTPATIENT CLINIC	107,630	165,654	\$	15,282,172.25	\$	92.25	.766	\$	141.99	\$	70.70
CLINIC	31	125		3,265.50		26.12	.001		105.34		.02
SURGICENTER	41	216		7,360.62		34.08	.001		179.53		.03
HEROIN DETOX CLINIC	6	73		821.54		11.25	.000		136.92		.00
RURAL HEALTH CLINIC	107,564	165,240		15,270,724.59		92.42	.764		141.97		70.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO	ONTH-OF-PAYMENT RI	EPOR:	r for Jan	2003 THRU	DEC	2003	PΙ	AGE 17,068
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAN	M 34 39 3N 3T 3V !	54 59	9 5J 5W-5Y	7 6J 7J 7K				

TODAKE COUNTI	SUMMANT OF SEN	VICES FOR IMPROSOC-PAR	1 24 27 21 21 2V .) - 39 30 3W-31	00 /0 /K		
					MON	THLY AVERA	GE
216,164 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	30,217	112,013 \$	1,218,111.23	\$ 10.87	.518 \$	40.31	\$ 5.64
DURABLE MED. EQUIP.	165	507	36,299.14	71.60	.002	219.99	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	25	461.65	18.47	.000	65.95	.00
MEDICAL TRANSPORTATION	890	18,266	252,395.16	13.82	.085	283.59	1.17
AMBULANCES/AIR TRANS	884	17,309	185,700.15	10.73	.080	210.07	.86
OTHER TRANS	4	917	1,986.92	2.17	.004	496.73	.01
OTHER SERVICES	41	40	64,708.09	1617.70	.000	1578.25	.30
ACUPUNCTURE	9	12	259.50	21.63	.000	28.83	.00
ADULT DAY HEALTH CARE CTR	1	7	487.06	69.58	.000	487.06	.00
GENETIC DISEASE TESTING	1,382	1,387	143,563.50	103.51	.006	103.88	.66
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5,442	11,727	113,404.23	9.67	.054	20.84	.52
PHYSICAL THERAPIST	31	136	6,642.17	48.84	.001	214.26	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	491	1,168	73,600.47	63.01	.005	149.90	.34
PROSTHETICS	232	800	40,557.97	50.70	.004	174.82	.19
ORTHOTICS	354	368	33,042.50	89.79	.002	93.34	.15
PSYCHOLOGIST	10	45	2,901.46	64.48	.000	290.15	.01
SPEECH AND AUDIOLOGY	62	147	8,731.34	59.40	.001	140.83	.04
HOSPICE SERVICES	4	103	11,944.39	115.96	.000	2986.10	.06
NONINST BIRTHING CENTERS	2	29	251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	22,010	55,502	558,557.77	10.06	.257	25.38	2.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 67 22,952 8,612.23 .38 .106 128.54 .04 @CALIF. CHILDREN SERVICES* 3,716 55,024 \$ 7,330,210.09 \$ 133.22 .255 \$ 1972.61 \$ 33.91 @XOVER EXCLUDING STATE HOSP** 76 976 \$ 40,916.11 \$ 41.92 .005 \$ 538.37 \$.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,069
MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

TULARE COUNTY	SUMMARY OF SER	VICES FOR MN - NO SO	C - TOTAL				_
						ITHLY AVERAG	
250,089 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	216,114	1,547,440 \$	66,634,732.58	\$ 43.06	6.188 \$	308.33	\$ 266.44
@PHYSICIANS SERVICES	23,267	86,420 \$	3,930,073.19	\$ 45.48	.346 \$	168.91	\$ 15.71
OUTPATIENT VISITS	10,863	19,158	793,820.57	41.44	.077	73.08	3.17
OFFICE VISITS	3,439	4,506	166,770.95	37.01	.018	48.49	.67
HOME VISITS	4	6	294.82	49.14	.000	73.71	.00
EMERGENCY ROOM	5,344	6,269	363,715.01	58.02	.025	68.06	1.45
PREVENTIVE CARE	52	52	2,874.51	55.28	.000	55.28	.01
OB VISITS/COMPRE PERI	1,660	7,363	221,415.87	30.07	.029	133.38	.89
	793	962	38,749.41	40.28	.004	48.86	.15
OTHER OUTPATIENT		962					.15
INPATIENT VISITS	2,111	9,533	703,730.11	73.82	.038	333.36	2.81
HOSPITAL VISITS	1,916	6,890	295,774.10	42.93	.028	154.37	1.18
CRITICAL CARE	266	2,547	404,025.11	158.63	.010	1518.89	1.62
SNF/ICF/TRANS IP CARE	31	96	3,930.90	40.95	.000	126.80	.02
OPHTHALMOLOGICAL SERVICES	229	315	14,133.47	44.87	.001	61.72	.06
EXAMINATIONS	227	313	14,062.89	44.93	.001	61.95	.06
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	2,155	7,862	1,103,697.66	140.38	.031	512.16	4.41
PRINCIPAL SURGEON	1,580	1,941	933,425.59	480.90	.008	590.78	3.73
ASSISTANT SURGEON	144	148	28,532.70	192.79	.001	198.14	.11
ANESTHESIOLOGIST	677	5,773	141,739.37	24.55	.023	209.36	.57
OUTTO A TOTAL CUID CEDII	1 400	3,389	325,696.37	96.10	.014	217.57	1.30
PRINCIPAL SURGEON	1 226	1,598	279,061.46	174.63	.006	227.62	1.12
ASSISTANT SURGEON	7	7	818.23	116.89	.000	116.89	.00
ANESTHESIOLOGIST	1,497 1,226 7 391 142 1,515 5,608	1,784	45,816.68	25.68	.007	117.18	.18
ANESITESIOLOGISI	140	657	49,370.06	75.14	.003	347.68	. 20
DIALYSIS	142						
PATHOLOGY	1,515	3,501	55,527.42	15.86	.014	36.65	. 22
RADIOLOGY	5,608	10,445	336,842.25	32.25	.042	60.06	1.35
		3	155.19	51.73	.000	155.19	.00
IMMUNIZATION AND INJECTION		2,926	92,231.64	31.52	.012	286.43	.37
OTHER SERVICES/ALL X-OVERS		28,631	454,868.45	15.89	.114	67.23	1.82
@PHARMACY	44,163	340,280 \$	10,207,152.43	\$ 30.00	1.361 \$		
PRESCRIPTION DRUGS	43,295	143,727	9,338,774.24	64.98	.575	215.70	37.34
SNF/ICF	897	6,076	317,226.37	52.21	.024	353.65	1.27
OUTPATIENTS	42,477	137,651	9,021,547.87	65.54	.550	212.39	36.07
MEDICAL SUPPLIES	44,163 43,295 897 42,477 4,346 29,162 20,019 4,526 137	196,553	868,378.19	4.42	.786	199.81	3.47
@DENTIST	29,162	171,163 \$		\$ 33.24	.684 \$		\$ 22.75
VISITS - DIAGNOSTIC	20.019	109,798	1,336,670.78	12.17	.439	66.77	5.34
ORAL SURGERY	4 526	9,778	607,106.05	62.09	.039	134.14	2.43
DRUGS	137	173	3,030.00	17.51	.001	22.12	.01
ANESTHESIA	722	992	67,965.00	68.51	.004	94.13	.27
PERIODONTICS	1,627	1,670	212,463.48	127.22	.007	130.59	.85
	2,814	4,692	709,624.70	151.24	.019	252.18	2.84
ENDODONTICS	2,014						
RESTORATIVE DENTISTRY	11,192	37,479	2,249,847.83	60.03	.150	201.02	9.00
PROSTHETICS	115	129	2,993.00	23.20	.001	26.03	.01
DENTURES, STAYPLATES	705	2,605	243,838.20	93.60	.010	345.87	.98
SPACE MAINTAINERS	238	279	27,799.93	99.64	.001	116.81	.11
MAXILLOFACIAL SERVICES	301	306	34,756.01	113.58	.001	115.47	.14
FRACTURES, DISLOCATIONS	4	7	5,150.00	735.71	.000	1287.50	.02

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	1,866 918 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL	187,426.26 1,500.00 MONTH-OF-PAYMENT RE	80.20 1.63 PORT FOR JAN 2	.009 .004 2003 THRU DE	100.44 1.63 C 2003	.75 .01 PAGE 17,070 01/29/04
					MON'	THLY AVERAGI	Ε
250,089 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,766	4,835 \$	110,275.11	\$ 22.81	.019 \$	62.44	\$.44
DIAGNOSTIC AND ANC. PROCED	1,042	1,058	49,155.12	46.46	.004	47.17	.20
EYE APPLIANCES	1,197	3,468	55,376.54	15.97	.014	46.26	.22
OTHER OPTOMETRIC SERVICES	220	309	5,743.45	18.59	.001	26.11	.02
@CHIROPRACTOR	539	895 \$	14,541.16	\$ 16.25	.004 \$	26.98	\$.06
VISITS	515	836	13,961.20	16.70	.003	27.11	.06
OTHER SERVICES	27	59	579.96	9.83	.000	21.48	.00
@PODIATRIST	490	1,027 \$	10,998.58	\$ 10.71	.004 \$	22.45	\$.04

MEDICINE/INJECTIONS	55	66	2,221.02	33.65	.000	40.38	.01
SURGERY/ANES.	6	7	883.27	126.18	.000	147.21	.00
RADIO./PATHOLOGY	14	22	271.64	12.35	.000	19.40	.00
OTHER	435	932	7,622.65	8.18	.004	17.52	.03
@HOME HEALTH AGENCY	287	21,135 \$	599,193.37	\$ 28.35	.085	\$ 2087.78	\$ 2.40
NURSE ANESTHESIST	69	351 \$	7,778.89	\$ 22.16	.001		
	0	0 \$		\$ 22.10		7 112./1	
NURSE MIDWIFE			.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	9 \$	642.68	\$ 71.41	.000	\$ 128.54	\$.00
@TOTAL HOSPITAL	16,522	85,307 \$	23,614,591.16	\$ 276.82		1429.28	
	10,322						
HOSP INPATIENT TOTAL	3,448	16,803	21,739,066.18	1293.76	.067	6304.83	86.93
HSC HOSPITALS	672	4,988	7,576,288.25	1518.90	.020	11274.24	30.29
NON-HSC HOSPITAL TOTAL	2,334	9,618	13,745,318.11	1429.12	.038	5889.17	54.96
ACCOMMODATIONS	2,274	9,618	3,609,309.05	375.27	.038	1587.21	14.43
	2,2/4	•					
ADMINISTRATIVE DAYS	11	100	21,279.60	212.80	.000	1934.51	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,265	9,518	3,588,029.45	376.97	.038	1584.12	14.35
ANCILLARIES	2,333	0	10,136,009.06	0.0	.000	4344.62	40.53
			10,130,009.00	100.01			
INPATIENT CROSSOVERS	463	2,197	417,459.82	190.01	.009	901.64	1.67
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00	.00 376.97 .00 190.01	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,913	68,504	1,875,524.98	27.38	.274	134.80	7.50
MEDICAL	2,351	3,722	170,967.14	45.93	.015	72.72	.68
	901						
SURGERY		1,129	69,851.01	61.87	.005	77.53	.28
PATHOLOGY	5,968	24,993	294,992.35	11.80	.100	49.43	1.18
RADIOLOGY	3,922	5,734	416,335.86	72.61	.023	106.15	1.66
ROOM USE	7,265	9,871	412,173.07	41.76	.039	56.73	1.65
CROSSOVERS/ALL OTH OUTPTNT	6,600	23,055	511,205.55	22.17	.092	77.46	2.04
@COUNTY HOSPITAL TOTAL	151	1,743 \$	484,174.76	\$ 277.78	.007	3206.46	\$ 1.94
CO HOSPITAL INPATIENT TOTAL	26	374	441,344.09	1180.06	.001	16974.77	1.76
HSC HOSPITALS	26	374	441,344.09	1180.06	.001	16974.77	1.76
	0	0		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	-		.00				
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ö	.00	.00	.000	.00	.00
		0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL		1,369	42,830.67	31 20	.005	334.61	.17
CO HOSE OUTFAILENT TOTAL	120		1 000 07	31.29	.005	53.77	
MEDICAL	34	51	1,828.27	35.85			.01
SURGERY	17	82	17,290.45	31.29 35.85 210.86 9.13	.000	1017.09	.07
PATHOLOGY	40	462	4,217.12	9.13	.002	105.43	.02
RADIOLOGY	24	33	2,281.31	69.13	.000	95.05	.01
	54	156		36.22	.001		
ROOM USE			5,650.73			104.64	.02
CROSSOVERS/ALL OTH OUTPTNT		585	11,562.79	19.77	.002	170.04	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DI	EC 2003	PAGE 17,071
MOP024	FEE-FOR-SERVICE	!/DENTAL					01/29/04
TULARE COUNTY		ICES FOR MN - NO SOC	_ TOTAT				0=7=57 01
TODAKE COUNTI	SUMMART OF SERV	ICES FOR MIN - NO SOC	- IOIAL		1407		CE
							GE
250,089 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,385	83,564 \$	23,130,416.40	\$ 276.80		\$ 1411.68	
	3,423						85.16
COMM HOSP INPATIENT TOTAL		16,429	21,297,722.09	1296.35	.066	6221.95	
HSC HOSPITALS	646	4,614	7,134,944.16	1546.37	.018	11044.81	28.53
NON-HSC HOSPITALS TOTAL	2 224	9,618	13,745,318.11	1429.12	.038	5889.17	54.96
	4,334	2,010	13/12/310:11				51.70
ACCOMMODATIONS	2,334 2,274	9,618	3,609,309.05	375.27	.038	1587.21	14.43

212.80

376.97

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21,279.60

.00 3,588,029.45

10,136,009.06

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4344.62

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ANCILLARIES

ADMINISTRATIVE DAYS

ALL OTHER ACCOM

TRANSITIONAL IP CARE

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2,265

2,333

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9,518

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								_			
INPATIENT CROSSOVERS	463	2,197		417,459.82		190.01	.00		901.64		1.67
ALL OTHER INPATIENT	0	0		.00		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	13,797	67,135		1,832,694.31		27.30	. 20		132.83		7.33
MEDICAL	2,317	3,671		169,138.87		46.07	. 01		73.00		.68
SURGERY	884	1,047		52,560.56		50.20	.00		59.46		.21
PATHOLOGY	5,930	24,531		290,775.23		11.85	. 09		49.03		1.16
RADIOLOGY	3,901	5,701		414,054.55		72.63	. 02		106.14		1.66
ROOM USE	7,214	9,715		406,522.34		41.84	.03		56.35		1.63
CROSSOVERS/ALL OTH OUTPTNT		22,470		499,642.76		22.24	. 09		76.47		2.00
@STATE HOSPITAL	5	138	\$	69,708.84	\$	505.14	.00		\$ 13941.77	\$.28
MENTALLY ILL	2	31		12,356.84		398.61	.00	0	6178.42		.05
DEVELOP. DISABLED	3	107		57,352.00		536.00	.00	0	19117.33		.23
@NURSING FACILITY	886	20,224	\$	3,142,813.10	\$	155.40	.08	31	\$ 3547.19	\$	12.57
LEV A-INTERMEDIATE	0	0		.00		.00	.00	0	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.00	0	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00	0	.00		.00
LEV B-SUBACUTE HSPTL BASED	39	1,228		682,458.20		555.75	.00	15	17498.93		2.73
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00	0	.00		.00
LEV B-REGULAR	853	18,996		2,460,354.90		129.52	.0	6	2884.36		9.84
@INTERMEDIATE CARE FACILDD	42	1,124	\$	198,699.47	\$	176.78	.00		\$ 4730.94	\$.79
ICF DDH	5	151	•	22,481.67		148.89	.00		4496.33		.09
TCF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	37	973		176,217.80		181.11	.00		4762.64		.70
@HEMODIALYSIS TOTAL	405	13,529	\$	499,659.12	\$	36.93	.0!		\$ 1233.73	Ś	2.00
HOSPITAL BASED	37 405 2 403	10	7	7,062.37	-	706.24	.00		3531.19	т.	.03
HEMODIALYSIS CENTER	403	13,519		492,596.75		36.44	.0!		1222.32		1.97
@REHABILITATION FACILITY	85	552	\$	15,624.20	\$	28.30	.00		\$ 183.81	Ś	.06
HOSPITAL BASED	79	412	т	12,828.58	τ	31.14	.00		162.39	т.	.05
INDEPENDENT FACILITY	6	140		2,795.62		19.97	.00		465.94		.01
@LABORATORY FACILITY	5,311	15,978	\$	293,195.63	\$	18.35	.06		\$ 55.21	Ś	1.17
PATHOLOGY	5,163	15,717	٧	290,845.29	٧	18.51	.06		56.33	٧	1.16
XO AND OTHERS	152	261		2,350.34		9.01	.00		15.46		.01
@ORGANIZED OUTPATIENT CLINIC	112,296	173,994	\$	15,915,357.12	\$	91.47	.69		\$ 141.73	Ġ	63.64
CLINIC CLINIC	39	220	Y	5,186.76	Ÿ	23.58	.00		132.99	Ÿ	.02
SURGICENTER	141	426		27,333.14		64.16	.00		193.85		.11
HEROIN DETOX CLINIC	8	102		1,159.98		11.37	.00		145.00		.00
RURAL HEALTH CLINIC	112,134	173,246		15,881,677.24		91.67	.69		141.63		63.50
#CALIF DEPT OF HEALTH SERV			TDEC M	ONTH-OF-PAYMENT R	EDOD4					П	AGE 17,072
MOP024	FEE-FOR-SERVICE		JKES M	ONIH-OF-PAIMENT R	EPORI	FOR JAN	2003 IH	ע ט	EC 2003	P	01/29/04
			TO COC	TOTA I							01/29/04
TULARE COUNTY	SUMMARI OF SERV	ICES FOR MN - I	JUG DUC	- IOIAL				МО	NTHLY AVERA	CE	
250 000 FITCIBLES	HCEDC	INTER OF CERTIF	70	EXPENDITURES	7/ 7/77			_		_	
250,089 ELIGIBLES	USERS	UNITS OF SERVI	_ 보	FYLFUDITORES	AVE	KAGE COST	ONT.LS/I	AYS	COST PER		COST PER

ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 2,314,257.29 @ALL OTHER PROVIDERS 35,553 610,479 3.79 2.441 \$ 65.09 \$ 9.25 143.11 .008 1.15 DURABLE MED. EQUIP. 501 2,003 286,646.56 572.15 0 Ω .00 .00 .000 .00 .00 BLOOD BANK 155 255 56,773.34 222.64 .001 366.28 .23 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 1,733 61,372 441,831.42 7.20 .245 254.95 1.77 207.04 AMBULANCES/AIR TRANS 21,463 240,574.77 11.21 .96 1,162 .086 496 38,606 121,269.76 3.14 .154 244.50 .48 OTHER TRANS 160 79,986.89 499.92 OTHER SERVICES 1,303 61.39 .005 .32 ACUPUNCTURE 12 259.50 21.63 .000 28.83 .00 ADULT DAY HEALTH CARE CTR 8 203 14,031.06 69.12 .001 1753.88 .06 GENETIC DISEASE TESTING 1,384 1,389 143,773.50 103.51 .006 103.88 .57 275 2,309 118,536.44 431.04 IHMC, MODEL-NF, NF, AIDS, MSSP 51.34 .009 .47 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 147,588.33 OPTICIAN 6,461 14,122 10.45 .056 22.84 .59 PHYSICAL THERAPIST 32 137 48.49 207.59 .03 6,642.98 .001 PORTABLE X-RAY 20 45 176.70 3.93 .000 8.84 .00 PROSTHETIST/ORTHOTISTS 584 1,422 86,411.62 60.77 .006 147.97 .35

PROSTHETICS	322	1,051	53,262.23	50.68	.004	165.41	.21
ORTHOTICS	357	371	33,149.39	89.35	.001	92.86	.13
PSYCHOLOGIST	16	70	4,384.83	62.64	.000	274.05	.02
SPEECH AND AUDIOLOGY	227	583	37,787.02	64.81	.002	166.46	.15
HOSPICE SERVICES	40	888	104,757.23	117.97	.004	2618.93	.42
NONINST BIRTHING CENTERS	2	29	251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	22,177	61,210	596,644.85	9.75	.245	26.90	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,924	464,430	267,760.75	.58	1.857	91.57	1.07
@CALIF. CHILDREN SERVICES*	3,884	79,609	\$ 7,484,007.52	\$ 94.01	.318	\$ 1926.88	\$ 29.93
@XOVER EXCLUDING STATE HOSP**	8,215	74,503	\$ 1,486,300.81	\$ 19.95	.298	\$ 180.93	\$ 5.94

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

TULARE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,073 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

01/29/04

						M	ONTI	HLY AVERA	GE	
382 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COS	T UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DA	Y PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	611	17,107	\$	482,362.70	\$ 28.20	44.783	\$	789.46	\$	1262.73
@PHYSICIANS SERVICES	129	412	\$	4,277.07	\$ 10.38	1.079	\$	33.16	\$	11.20
OUTPATIENT VISITS	1	1		24.00	24.00	.003		24.00		.06
OFFICE VISITS	1	1		24.00	24.00	.003		24.00		.06
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		20.00	20.00	.003		20.00		.05
EXAMINATIONS	1	1		20.00	20.00	.003		20.00		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	2	2		53.46	26.73	.005		26.73		.14
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	127	408		4,179.61	10.24	1.068		32.91		10.94
@PHARMACY	353	7,608	\$	128,729.05	\$ 16.92	19.916	\$	364.67	\$	336.99
PRESCRIPTION DRUGS	346	1,542		125,402.11	81.32	4.037		362.43		328.28
SNF/ICF	83	563		30,651.65	54.44	1.474		369.30		80.24
OUTPATIENTS	265	979		94,750.46	96.78	2.563		357.55		248.04
MEDICAL SUPPLIES	38	6,066		3,326.94	.55	15.880		87.55		8.71
@DENTIST	40	180	\$	6,617.33	\$ 36.76	.471	\$	165.43	\$	17.32
VISITS - DIAGNOSTIC	28	124		1,000.00	8.06	.325		35.71		2.62
ORAL SURGERY	7	13		600.00	46.15	.034		85.71		1.57

DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.000	.00		.00
	0	2	.00	.00	.005	.00		.00
ENDODONTICS	2	21	.00					
RESTORATIVE DENTISTRY	/		792.33	37.73	.055	113.19		2.07
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	8	14	4,225.00	301.79	.037	528.13		11.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	O .	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	6	.00	.00	.016	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	P	AGE 17,074
MOP024	FEE-FOR-SERVIC							01/29/04
TULARE COUNTY	SUMMARY OF SERV	VICES FOR MN - SOC	- AGED	AID CODE 17			~-	
200					MON'		_	
382 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
	-	OR DAYS OF CARE	005 65	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	7	22 \$		\$ 13.44	.058 \$		Ş	.77
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	6	16	265.55	16.60	.042	44.26		.70
OTHER OPTOMETRIC SERVICES	3	6	30.12	5.02	.016	10.04		.08
@CHIROPRACTOR	1	4 \$		\$ 1.22	.010 \$		Ş	.01
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	1	4	4.88	1.22	.010	4.88		.01
@PODIATRIST	11	14 \$	39.64	\$ 2.83	.037 \$		\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	11	14	39.64	2.83	.037	3.60		.10
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00		.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00		.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00		.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00		.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00
@TOTAL HOSPITAL	54	317 \$	31,857.49	\$ 100.50	.830 \$	589.95	\$	83.40
HOSP INPATIENT TOTAL	36	166	27,387.31	164.98	.435	760.76		71.69
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	36	166	27,387.31	164.98	.435	760.76		71.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	19	151	4,470.18	29.60	.395	235.27		11.70
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	1	1	3.33	3.33	.003	3.33		.01
RADIOLOGY	2	2	153.16	76.58	.005	76.58		.40
ROOM USE	1	1	24.34	24.34	.003	24.34		.06
CDOCCOVEDC/ATT OTH OUTDOWN	17	1/17	1 200 25	20 10	205	252 21		11 22

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@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	2003 THRU DEC	C 2003	PAGE 17,075
MOP024	FEE-FOR-SERVICE/DE	INTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICE	S FOR MN - SOC -	- AGED A	AID CODE 17	1Y		
					MON'	THLY AVERAG	E
382 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAIS OF CAR	Ľ		PEF	C UNII/DAY			USER	E.	TIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	317	\$	31,857.49	\$	100.50	.830	\$	589.95	\$	83.40
COMM HOSP INPATIENT TOTAL	36	166	-	27,387.31		164.98	.435		760.76	•	71.69
	0						.000				
HSC HOSPITALS	U	0		.00		.00			.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	U	U									
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	26										
INPATIENT CROSSOVERS	36	166		27,387.31		164.98	.435		760.76		71.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	151		4,470.18		29.60	.395		235.27		11.70
				•							
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		3.33		3.33	.003		3.33		.01
	2										
RADIOLOGY	∠	2		153.16		76.58	.005		76.58		.40
ROOM USE	1	1		24.34		24.34	.003		24.34		.06
CROSSOVERS/ALL OTH OUTPINT	17	147		4,289.35		29.18	.385		252.31		11.23
	±,		4		4			4		4	
@STATE HOSPITAL	U	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	96	2,389	\$	264,749.44	\$	110.82	6.254	\$	2757.81	\$	693.06
		·	Ą	•	Ą			Ą		Ą	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	Ü	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	96	2,389		264,749.44		110.82	6.254		2757.81		693.06
	20		4		4			4		4	
@INTERMEDIATE CARE FACILDD	Ü	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	Ω	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	U	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	18	15	\$	10,265.82	\$	684.39	.039	\$	570.32	\$	26.87
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
	18	15		10,265.82		684.39	.039		570.32		26.87
HEMODIALYSIS CENTER											
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0				_						
@LABORATORY FACILITY	6	16	\$	31.17	\$	1.95	.042	\$	5.20	\$.08
PATHOLOGY	1	8		.00		.00	.021		.00		.00
XO AND OTHERS	5	8		31.17		3.90	.021		6.23		.08
	2				_						
@ORGANIZED OUTPATIENT CLINIC	31	54	\$	4,598.43	\$	85.16	.141	\$	148.34	\$	12.04
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		193.69		193.69	.003		193.69		.51
	1										
HEROIN DETOX CLINIC	U	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	53		4,404.74		83.11	.139		146.82		11.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITIE	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRII	DEC	2003	PΔ	GE 17,076
MOP024	FEE-FOR-SERVICE			110111111 01 111111111111 10		1010 0111	2005 111110	220	2005		01/29/04
											01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	OC -	AGED	ΑI	D CODE 17	1Y				
							N	ONT	HLY AVERA	GE -	
382 ELIGIBLES	USERS	UNITS OF SERVICE	c.	EXPENDITURES	7/17/7	RAGE COST					OST PER
205 ETIGIPTES	USERS			EVERNOTIONES							
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	+	USER		LIGIBLE
@ALL OTHER PROVIDERS	122	6,076	\$	30,896.71	\$	5.09	15.906	\$	253.25	\$	80.88
DURABLE MED. EQUIP.	12	67		5,091.89		76.00	.175	•	424.32	•	13.33
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	4	5		3,052.85		610.57	.013		763.21		7.99
MEDICAL TRANSPORTATION									387.64		
	40	h '/ 'l h		17 7117 77		2 / ()					40 59
AMDII ANGRO /ATO GOANG	40	5,735		15,505.57		2.70	15.013				40.59
AMBULANCES/AIR TRANS	5	57		726.73		12.75	.149		145.35		1.90
AMBULANCES/AIR TRANS OTHER TRANS											

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

	_							
OTHER SERVICES	5	11		95.29	8.66	.029	19.06	. 25
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	11	26		311.12	11.97	.068	28.28	.81
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		1.09	1.09	.003	1.09	.00
PROSTHETIST/ORTHOTISTS	2	2		11.42	5.71	.005	5.71	.03
PROSTHETICS	2	2		11.42	5.71	.005	5.71	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	7		1,337.96	191.14	.018	267.59	3.50
HOSPICE SERVICES	1	7		804.92	114.99	.018	804.92	2.11
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	226		4,779.89	21.15	.592	81.02	12.51
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	273	2,693	\$	84,784.74	\$ 31.48	7.050	\$ 310.57	\$ 221.95
e* momaid in milede ithed are dive	משול מות מו מו מו זמו	TATEODATABLEON	TITIDAL ONTE SE .					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,077
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----08 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9,078.77 648.48 \$ 1134.85 @TOTAL, ALL PROVIDERS 14 2,107 \$ 4.31 263.375 \$ @PHYSICIANS SERVICES 27 163.65 6.06 3.375 \$ 40.91 \$ 20.46 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY 0 .00 .00 .000 .00 .00 .00 RADIOLOGY 0 .00 0 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	27	163.65		6.06	3.375	40.91		20.46
@PHARMACY	11	86 s	5,167.88	\$	60.09		\$ 469.81	Ś	645.99
PRESCRIPTION DRUGS	10	69	4,721.80		68.43	8.625	472.18	т.	590.23
SNF/ICF	0	0	.00		.00	.000	.00		.00
OUTPATIENTS	10	69	4,721.80		68.43	8.625	472.18		590.23
MEDICAL SUPPLIES	4	17	446.08		26.24	2.125	111.52		55.76
@DENTIST	0	0 \$.00	\$.00			\$.00
VISITS - DIAGNOSTIC	0	0	.00	·	.00	.000	.00		.00
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT F	OR JAN	2003 THRU D	DEC 2003	P	AGE 17,078
MOP024	FEE-FOR-SERVICE/								01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC	- BLIND	A	ID CODE				
00 51 16151 56	Harra				a= aoar		NTHLY AVERA	_	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS			COST PER
OODEOMEED I GE	0	OR DAYS OF CARE	4 00		NIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0 %	.00	\$.00	.000	•	Þ	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00		.00
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	.00	Ċ	.00	.000	\$.00	Ġ	.00
#CIIII/OFI/ACIOI/	U	0 6	.00	i)				D.	

					MON	THLY AVERAG	E
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	29 \$	1,218.10	\$ 42.00	3.625 \$		\$ 152.26
HOSP INPATIENT TOTAL	1	15	840.00	56.00	1.875	840.00	105.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15	840.00	56.00	1.875	840.00	105.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	14	378.10	27.01	1.750	378.10	47.26
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	136.05	136.05	.125	136.05	17.01
PATHOLOGY	1	1	2.90	2.90	.125	2.90	.36

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	185.97	46.49	.500	185.97	23.25
CROSSOVERS/ALL OTH OUTPINT	1	8	53.18	6.65	1.000	53.18	6.65
@COUNTY HOSPITAL TOTAL	1	14 \$	378.10	\$ 27.01	1.750 \$	378.10	\$ 47.26
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	14	378.10	27.01	1.750	378.10	47.26
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	136.05	136.05	.125	136.05	17.01
PATHOLOGY	1	1	2.90	2.90	.125	2.90	.36
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	185.97	46.49	.500	185.97	23.25
CROSSOVERS/ALL OTH OUTPTNT		8	53.18	6.65	1.000	53.18	6.65
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 17,079
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	- BLIND	AID CODE	E 27		
						ITHLY AVERAC	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		r UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	15 \$	840.00	\$ 56.00	1.875 \$		•
COMM HOSP INPATIENT TOTAL	1	15	840.00	56.00	1.875	840.00	105.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	. 00	. 00	. 000	. 00	. 0.0

08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	S C	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	15	\$ 840.00	\$	56.00	1.875	\$	840.00	\$ 105.00
COMM HOSP INPATIENT TOTAL	1	15	840.00		56.00	1.875		840.00	105.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	1	15	840.00		56.00	1.875		840.00	105.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
ROOM USE	0	0	.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	0	0	.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00	.00
ICF DD	0	0	.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	8 \$	241.50	\$	30.19	1.000	\$	80.50	\$	30.19
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	8	241.50		30.19	1.000		80.50		30.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 17,080
MOP024	FEE-FOR-SERVICE/DENTAL	_								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE	E 27				
			- BLIND		AID CODE	27				01/25/01

08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	1,957	\$ 2,287.64	\$ 1.17	244.625	\$ 254.18	\$ 285.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	118	316.90	2.69	14.750	105.63	39.61
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	118	316.90	2.69	14.750	105.63	39.61
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	17	1,546.18	90.95	2.125	515.39	193.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,822	424.56	.23	227.750	70.76	53.07
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	67	\$ 1,291.85	\$ 19.28	8.375	\$ 184.55	\$ 161.48

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,081
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

TODING COOMIT	DOMINITAL OF DELL	VICED TOK THE DOC		CODED 03 07 0W	0 1			
					MO	NTHLY AVERA	GE	
374 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	627	6,850	\$ 574,145.12	\$ 83.82	18.316	\$ 915.70	\$	1535.15
@PHYSICIANS SERVICES	218	1,370	\$ 27,839.69	\$ 20.32	3.663	\$ 127.71	\$	74.44
OUTPATIENT VISITS	56	80	4,219.74	52.75	.214	75.35		11.28
OFFICE VISITS	20	34	772.74	22.73	.091	38.64		2.07
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	35	43	3,408.60	79.27	.115	97.39		9.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	3	38.40	12.80	.008	19.20		.10
INPATIENT VISITS	29	117	4,849.77	41.45	.313	167.23		12.97
HOSPITAL VISITS	27	115	4,794.77	41.69	.307	177.58		12.82
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.005	27.50		.15
OPHTHALMOLOGICAL SERVICES	1	1	29.90	29.90	.003	29.90		.08
EXAMINATIONS	1	1	29.90	29.90	.003	29.90		.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	7	19	1,249.86	65.78	.051	178.55		3.34
PRINCIPAL SURGEON	6	7	927.21	132.46	.019	154.54		2.48

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	12	322.65		26.89	.032		161.33		.86
	9				147.29			261.84		
OUTPATIENT SURGERY	9 7	16	2,356.56			.043				6.30
PRINCIPAL SURGEON	,	8	2,172.75		271.59	.021		310.39		5.81
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	8	183.81		22.98	.021		91.91		.49
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	16	32	259.66		8.11	.086		16.23		.69
	48	178								
RADIOLOGY			9,057.98		50.89	.476		188.71		24.22
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	463	354.35		.77	1.238		44.29		.95
OTHER SERVICES/ALL X-OVERS	150	464	5,461.87		11.77	1.241		36.41		14.60
@PHARMACY	283	2,478	\$ 142,265.15	\$	57.41	6.626	\$	502.70	\$	380.39
PRESCRIPTION DRUGS	260	1,228	137,624.46	т.	112.07	3.283	т.	529.32	-	367.98
SNF/ICF	11	107	3,728.65		34.85	.286		338.97		9.97
OUTPATIENTS	249	1,121	133,895.81		119.44	2.997		537.73		358.01
MEDICAL SUPPLIES	48	1,250	4,640.69		3.71	3.342		96.68		12.41
@DENTIST	35	206	\$ 4,304.00	\$	20.89	.551	\$	122.97	\$	11.51
VISITS - DIAGNOSTIC	24	131	808.00		6.17	.350		33.67		2.16
ORAL SURGERY	7	30	720.00		24.00	.080		102.86		1.93
DRUGS	0	0	.00		.00	.000		.00		.00
	0									
ANESTHESIA		0	.00		.00	.000		.00		.00
PERIODONTICS	1	1	.00		.00	.003		.00		.00
ENDODONTICS	2	2	330.00		165.00	.005		165.00		.88
RESTORATIVE DENTISTRY	7	27	971.00		35.96	.072		138.71		2.60
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7	10	1,475.00		147.50	.027		210.71		3.94
SPACE MAINTAINERS	,	0								
	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ODDITODONILLA GEDITAGEA	0	•	0.0		0.0	000		.00		.00
ORTHODONTIC SERVICES	U	0	.00		.00	.000		.00		.00
	3	0 5								
ALL OTHER SERVICES	3	5	.00	REPORT	.00	.013	DEC	.00	D;	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	3 MEDI-CAL SERVI	5 CES AND EXPENDITURE		REPORT	.00	.013	DEC	.00	P	.00 AGE 17,082
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	5 CES AND EXPENDITURE E/DENTAL	.00 S MONTH-OF-PAYMENT I		.00 FOR JAN	.013 2003 THRU	DEC	.00	Pž	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	5 CES AND EXPENDITURE	.00 S MONTH-OF-PAYMENT I		.00	.013 2003 THRU		2003		.00 AGE 17,082
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	3 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	5 CES AND EXPENDITURE E/DENTAL /ICES FOR MN - SOC	.00 S MONTH-OF-PAYMENT I - DISABLED AID	CODES	.00 F FOR JAN G 65 67 6W	.013 2003 THRU 6Y	IONTI	.00 2003 HLY AVERA	.GE ·	.00 AGE 17,082 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	5 CES AND EXPENDITURE E/DENTAL	.00 S MONTH-OF-PAYMENT I	CODES	.00 F FOR JAN G 65 67 6W	.013 2003 THRU	IONTI	.00 2003 HLY AVERA	.GE ·	.00 AGE 17,082 01/29/04 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	3 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	5 CES AND EXPENDITURE E/DENTAL /ICES FOR MN - SOC	.00 S MONTH-OF-PAYMENT I - DISABLED AID	CODES	.00 FOR JAN G 65 67 6W	.013 2003 THRU 6Y	IONTI	.00 2003 HLY AVERA	.GE ·	.00 AGE 17,082 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES	3 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES	CODES AVE PER	.00 FOR JAN 6 65 67 6W CRAGE COST UNIT/DAY	.013 2003 THRU 6Y M UNITS/DAY PER ELIG	IONTI	.00 2003 HLY AVERA COST PER USER	.GE - (.00 AGE 17,082 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15	CODES	.00 FOR JAN 665 67 6W CRAGE COST UNIT/DAY 19.00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088	IONTI	.00 2003 HLY AVERA COST PER USER 41.81	.GE - (.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80	CODES AVE PER	.00 F FOR JAN G 65 67 6W GRAGE COST R UNIT/DAY 19.00 47.45	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011	IONTI	.00 2003 HLY AVERA COST PER USER 41.81 47.45	.GE - (.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27	CODES AVE PER	.00 F FOR JAN G 65 67 6W GRAGE COST WINIT/DAY 19.00 47.45 17.62	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061	IONTI	.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53	.GE - (.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08	CODES AVE PER \$.00 FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 19.00 47.45 17.62 5.35	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016	IONTI S (.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02	GE - () \$.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1	5 CES AND EXPENDITURE E/DENTAL /ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10	CODES AVE PER	.00 FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 19.00 47.45 17.62 5.35 1.22	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013	IONTI S (.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10	.GE - (.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00	CODES AVE PER \$.00 FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013	IONTI S (.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00	GE - () \$.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10	CODES AVE PER \$.00 FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 19.00 47.45 17.62 5.35 1.22	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013	IONTI S (.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10	GE - () \$.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10	CODES AVE PER \$.00 FOR JAN G 65 67 6W CRAGE COST R UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000	IONTI S (; \$ \$.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10	GE -	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37	CODES AVE PER \$.00 FOR JAN G 65 67 6W GRAGE COST UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013	IONTI S (; \$ \$.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69	GE -	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00	CODES AVE PER \$.00 F FOR JAN G 65 67 6W CRAGE COST R UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011	IONTI S (; \$ \$.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00	GE -	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .09 .06
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00	CODES AVE PER \$.00 F FOR JAN G 65 67 6W GRAGE COST R UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011 .003	IONTI S (; \$ \$.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00	GE -	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .09 .06 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 0	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00 .00	CODES AVE PER \$.00 F FOR JAN G 65 67 6W GRAGE COST WINIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011	IONTI S (; \$ \$.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00	GE -	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .00 .02 .00 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 1	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0 0 3	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00 .00 11.37	CODES AVE PER \$.00 F FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00 3.79	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011	IONTI S (; \$ \$.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00 .00	GE -	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .00 .02 .00 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 0	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00 .00	CODES AVE PER \$.00 F FOR JAN G 65 67 6W GRAGE COST WINIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011	IONTI S (; \$ \$.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00	GE -	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .00 .02 .00 .02
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 1 4 0 0 0 0 0 0	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0 3 7 0 0 0	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00 .00 11.37 389.83 \$.00 \$.00 \$.00	CODES AVE PER \$ \$ \$.00 FOR JAN S 65 67 6W CRAGE COST UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00 .00 3.79 55.69 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011 .003 .000 .000 .008 .019 .000 .000	IONTI (S (; ; ; ; ;	.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00 .11.37 97.46 .00 .00 .00 .00 .00 .00 .00	GE - 1 1 5 5 5 5 5 5	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .00 .02 .00 .01 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 1 4 0 0 0 0 0 0 0 0	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0 0 3 7 0 0 0 0	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 \$ 35.37 24.00 .00 .00 .11.37 389.83 \$.00 \$.00 \$.00 \$.00	CODES AVE PER \$ \$ \$.00 F FOR JAN S 65 67 6W CRAGE COST R UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00 .00 .3.79 55.69 .00 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011 .003 .000 .000 .008 .019 .000 .000 .000 .000	ONTI S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00 .00 .11.37 97.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .09 .06 .00 .00 .03 1.04 .00 .00 .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 1 4 0 0 1 1 4 0 0 1 1 5 7 8 9 9 1 1 8 9 9 1 1 8 9 9 1 1 8 9 9 9 9	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0 0 3 7 0 0 0 1,684	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00 .00 11.37 389.83 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	CODES AVE PER \$ \$ \$ \$ \$ \$.00 F FOR JAN S 65 67 6W GRAGE COST R UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011 .003 .000 .000 .008 .019 .000 .000 .000 .000 .000 .000 .000	ONTI S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00 .00 .11.37 97.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .00 .02 .00 .02 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 1 4 0 0 1 1 2 1 0 0 1 1 4 5 5 1 7 8 8 9 1 8 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0 0 3 7 0 0 1,684 196	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00 .11.37 389.83 \$.00	CODES AVE PER \$ \$ \$ \$ \$ \$.00 F FOR JAN S 65 67 6W GRAGE COST R UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011 .003 .011 .003 .000 .000	ONTI S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .00 .02 .00 .02 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 15 4 10 4 1 0 1 2 1 0 0 1 4 0 0 1 1 4 0 0 1 1 5 7 8 9 9 1 1 8 9 9 1 1 8 9 9 1 1 8 9 9 9 9	5 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 33 4 23 6 5 0 5 4 1 0 0 0 3 7 0 0 1,684 196 18	.00 S MONTH-OF-PAYMENT I - DISABLED AID EXPENDITURES \$ 627.15 189.80 405.27 32.08 \$ 6.10 .00 6.10 \$ 35.37 24.00 .00 .11.37 389.83 \$.00	CODES AVE PER \$ \$ \$ \$ \$ \$.00 F FOR JAN S 65 67 6W GRAGE COST & UNIT/DAY 19.00 47.45 17.62 5.35 1.22 .00 1.22 8.84 24.00 .00 .00 .00 .00 .00 .00 .00 .00	.013 2003 THRU 6Y M UNITS/DAY PER ELIG .088 .011 .061 .016 .013 .000 .013 .011 .003 .011 .003 .011 .003 .000 .000	ONTI S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 41.81 47.45 40.53 8.02 6.10 .00 6.10 17.69 24.00 .00 .00 11.37 97.46 .00 .00 .00 .00 1901.09 4137.08 6135.67	G	.00 AGE 17,082 01/29/04 COST PER ELIGIBLE 1.68 .51 1.08 .09 .02 .00 .02 .00 .02 .00 .02 .00 .00 .00

ADMINISTRATIVE DAYS	2	3	463.76	154.59	.008	231.88	1.24
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	_						
ALL OTHER ACCOM	23	107	39,544.61	369.58	.286	1719.33	105.73
ANCILLARIES	25	0	164,302.90	.00	.000	6572.12	439.31
INPATIENT CROSSOVERS	32	68	21,369.31	314.25	.182	667.79	57.14
			•				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	105	1,488	56,285.26	37.83	3.979	536.05	150.50
MEDICAL	35	115	3,108.88	27.03	.307	88.83	8.31
SURGERY	9	9	522.32	58.04	.024	58.04	1.40
PATHOLOGY	40	249	2,211.08	8.88	.666	55.28	5.91
RADIOLOGY	35	199	11,469.74	57.64	.532	327.71	30.67
ROOM USE	44	98	3,934.81	40.15	.262	89.43	10.52
CROSSOVERS/ALL OTH OUTPTNT	78	818	35,038.43	42.83	2.187	449.21	93.69
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ū	U					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	Ü	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U					
ROOM USE	0	()	.00	.00	.000	.00	.00
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	.00	.00	.000	.00	.00 PAGE 17,083
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO/DENTAL	.00 NTH-OF-PAYMENT RE	.00 PORT FOR JAN :	.000 2003 THRU D	.00	.00
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO/DENTAL	.00 NTH-OF-PAYMENT RE	.00 PORT FOR JAN :	.000 2003 THRU D	.00 EC 2003	.00 PAGE 17,083
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MO /DENTAL TICES FOR MN - SOC - D	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN : CODES 65 67 6W	.000 2003 THRU D 6Y	.00 EC 2003 NTHLY AVERA	.00 PAGE 17,083 01/29/04 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN : CODES 65 67 6W AVERAGE COST	.000 2003 THRU D 6Y MO UNITS/DAYS	.00 EC 2003 NTHLY AVERA COST PER	.00 PAGE 17,083 01/29/04 GE COST PER
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 20 0 23 25 32 0 105	ES AND EXPENDITURES MO/DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488	.00 ONTH-OF-PAYMENT REDISABLED AID OF SEXPENDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 3.979	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 20 0 23 25 32 0 105 35 9	ES AND EXPENDITURES MO/DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488 115 9	.00 ONTH-OF-PAYMENT REDISABLED AID OF SEXPENDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26 3,108.88 522.32	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 .3979 .307 .024	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 2 0 23 25 32 0 105 35 9 40	ES AND EXPENDITURES MO /DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488 115 9 249	.00 ONTH-OF-PAYMENT REDISABLED AID OF SEXPENDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26 3,108.88 522.32 2,211.08	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 .182 .000 3.979 .307 .024	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 55.28	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 20 0 23 25 32 0 105 35 9	ES AND EXPENDITURES MO/DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488 115 9	.00 ONTH-OF-PAYMENT REDISABLED AID OF SEXPENDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26 3,108.88 522.32	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 .3979 .307 .024	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 2 0 23 25 32 0 105 35 9 40 35	ES AND EXPENDITURES MO /DENTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488 115 9 249 199	.00 ONTH-OF-PAYMENT REDISABLED AID OF STREET	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .182 .000 .182 .000 3.979 .307 .024 .666 .532	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 55.28 327.71	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 2 0 23 25 32 0 105 35 9 40 35 44	ES AND EXPENDITURES MO /DENTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488 115 9 249 199 98	.00 ONTH-OF-PAYMENT REDISABLED AID OF STANFORM	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64 40.15	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 3.979 .307 .024 .666 .532 .262	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 55.28 327.71 89.43	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67 10.52
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 20 0 23 25 32 0 105 35 9 40 35 44 78	ES AND EXPENDITURES MO /DENTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488 115 9 249 199 98 818	.00 ONTH-OF-PAYMENT REDISABLED AID OF STREET	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64 40.15 42.83	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .008 .000 .286 .000 .182 .000 .182 .000 3.979 .307 .024 .666 .532 .262 2.187	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.00 58.83 58.04 55.28 327.71 89.43 449.21	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67 10.52 93.69
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 2 0 23 25 32 0 105 35 9 40 35 44	ES AND EXPENDITURES MO /DENTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 107 0 68 0 1,488 115 9 249 199 98	.00 ONTH-OF-PAYMENT REDISABLED AID OF STANFORM	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64 40.15	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 3.979 .307 .024 .666 .532 .262 2.187 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 55.28 327.71 89.43 449.21 \$.00	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67 10.52
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 20 0 23 25 32 0 105 35 9 40 35 44 78 0 0	ES AND EXPENDITURES MO /DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 3 0 0 107 0 68 0 0 1,488 115 9 249 199 98 818 0 \$ 0	.00 ONTH-OF-PAYMENT REDISABLED AID OF STANDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26 3,108.88 522.32 2,211.08 11,469.74 3,934.81 35,038.43 .00 .00	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64 40.15 42.83 \$.00 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 3.979 .307 .024 .666 .532 .262 2.187 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 55.28 327.71 89.43 449.21 \$.00 .00	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67 10.52 93.69 \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 20 0 23 25 32 0 105 35 9 40 35 44 78 0 0 0	ES AND EXPENDITURES MO /DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 110 3 0 107 0 68 0 0 1,488 115 9 249 199 98 818 0 \$ 0 0 0	.00 ONTH-OF-PAYMENT REDISABLED AID OF SEXPENDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26 3,108.88 522.32 2,211.08 11,469.74 3,934.81 35,038.43 .00 .00 .00	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64 40.15 42.83 \$.00 .00 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 3.979 .307 .024 .666 .532 .262 2.187 .000 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 555.28 327.71 89.43 449.21 \$.00 .00 .00	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67 10.52 93.69 \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADDIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	ES AND EXPENDITURES MO /DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 110 3 0 0 107 0 68 0 0 1,488 115 9 249 199 98 818 0 \$ 0 0 310 \$ \$ 0 0 310 \$.00 ONTH-OF-PAYMENT REDISABLED AID OF SEXPENDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26 3,108.88 522.32 2,211.08 11,469.74 3,934.81 35,038.43 .00 .00 .00 .47,042.28	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64 40.15 42.83 \$.00 .00 .00 .00 \$ 151.75	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .182 .000 3.979 .307 .024 .666 .532 .262 2.187 .000 .000 .829	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 55.28 327.71 89.43 449.21 \$.00 .00 .00 \$ 2475.91	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67 10.52 93.69 \$.00 .00 \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 374 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 158 59 3 25 25 20 0 23 25 32 0 105 35 9 40 35 44 78 0 0 0	ES AND EXPENDITURES MO /DENTAL TICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 1,684 \$ 196 18 110 110 110 3 0 107 0 68 0 0 1,488 115 9 249 199 98 818 0 \$ 0 0 0	.00 ONTH-OF-PAYMENT REDISABLED AID OF SEXPENDITURES 300,372.84 244,087.58 18,407.00 204,311.27 40,008.37 463.76 .00 39,544.61 164,302.90 21,369.31 .00 56,285.26 3,108.88 522.32 2,211.08 11,469.74 3,934.81 35,038.43 .00 .00 .00	.00 EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 178.37 1245.34 1022.61 1857.38 363.71 154.59 .00 369.58 .00 314.25 .00 37.83 27.03 58.04 8.88 57.64 40.15 42.83 \$.00 .00 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 4.503 .524 .048 .294 .294 .008 .000 .286 .000 .286 .000 .182 .000 3.979 .307 .024 .666 .532 .262 2.187 .000 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1901.09 4137.08 6135.67 8172.45 1600.33 231.88 .00 1719.33 6572.12 667.79 .00 536.05 88.83 58.04 555.28 327.71 89.43 449.21 \$.00 .00 .00	.00 PAGE 17,083 01/29/04 GE COST PER ELIGIBLE \$ 803.14 652.64 49.22 546.29 106.97 1.24 .00 105.73 439.31 57.14 .00 150.50 8.31 1.40 5.91 30.67 10.52 93.69 \$.00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	310		47,042.28		151.75	.829		2475.91		125.78
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	·	.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	16	\$	5,111.23	\$	319.45	.043	\$	567.91	\$	13.67
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	16		5,111.23		319.45	.043		567.91		13.67
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	17	64	\$	666.19		10.41	.171	\$	39.19	\$	1.78
PATHOLOGY	10	51		550.89		10.80	.136		55.09		1.47
XO AND OTHERS	7	13		115.30		8.87	.035		16.47		.31
@ORGANIZED OUTPATIENT CLINIC	69	104	\$	6,816.72	\$	65.55	.278		98.79	\$	18.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		321.52		107.17	.008		107.17		.86
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	66	101		6,495.20		64.31	.270		98.41		17.37
#CALIF DEPT OF HEALTH SERV			JRES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	F	PAGE 17,084
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY	SUMMARY OF SERVI	ICES FOR MN - S	SOC -	DISABLED AID	CODES	3 65 67 6W					
									HLY AVERA		
374 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DA		COST PER		COST PER
	0.5	OR DAYS OF CAR	RE _	20 662		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	86 15	569	Ş	38,668.57			1.521				103.39

						MC	JNTHLY AVERA	GE -	
374 ELIGIBLES	USERS U	NITS OF SERVICE	EXP	ENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	86	569 \$		38,668.57	\$ 67.96	1.521	\$ 449.63	\$	103.39
DURABLE MED. EQUIP.	15	59		28,989.01	491.34	.158	1932.60		77.51
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	25	362		2,527.31	6.98	.968	101.09		6.76
AMBULANCES/AIR TRANS	15	130		1,887.73	14.52	.348	125.85		5.05
OTHER TRANS	7	85		431.80	5.08	.227	61.69		1.15
OTHER SERVICES	4	147		207.78	1.41	.393	51.95		.56
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	16	38		556.76	14.65	.102	34.80		1.49
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	1	1		1.40	1.40	.003	1.40		.00
PROSTHETIST/ORTHOTISTS	1	8		222.26	27.78	.021	222.26		.59
PROSTHETICS	1	8		222.26	27.78	.021	222.26		.59
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	4		822.71	205.68	.011	411.36		2.20
HOSPICE SERVICES	3	18		2,086.68	115.93	.048	695.56		5.58
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	29	79		3,462.44	43.83	.211	119.39		9.26
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	193	1,787 \$		52,201.50	\$ 29.21	4.778	\$ 270.47	\$	139.58
@* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPARAT	E INFORMATION ITEM	M ONLY;						

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,085 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MOI	NTHLY AVERA	GE
953 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,380	11,946	\$	1,277,192.41	\$ 106.91	12.535	925.50	\$ 1340.18
@PHYSICIANS SERVICES	597	2,797	\$	135,886.40	\$ 48.58	2.935	227.62	\$ 142.59
OUTPATIENT VISITS	266	385		20,270.36	52.65	.404	76.20	21.27
OFFICE VISITS	95	152		4,733.74	31.14	.159	49.83	4.97
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	165	208		14,872.85	71.50	.218	90.14	15.61
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19		463.58	24.40	.020	77.26	.49

OTHER OUTPATIENT	5	6	200.19	33.37	.006	40.04	.21
INPATIENT VISITS	107	403	17,591.40	43.65	.423	164.41	18.46
HOSPITAL VISITS	103	395	17,040.06	43.14	.414	165.44	17.88
CRITICAL CARE	4	4	455.14	113.79	.004	113.79	.48
SNF/ICF/TRANS IP CARE	4	4	96.20	24.05	.004	24.05	.10
OPHTHALMOLOGICAL SERVICES	3	3	111.65	37.22	.003	37.22	.12
EXAMINATIONS	3	3	111.65	37.22	.003	37.22	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	75	430	36,268.68	84.35	.451	483.58	38.06
PRINCIPAL SURGEON	49	74	28,025.14	378.72	.078	571.94	29.41
ASSISTANT SURGEON	6	6	1,162.91	193.82	.006	193.82	1.22
ANESTHESIOLOGIST	29	350	7,080.63	20.23	.367	244.16	7.43
OUTPATIENT SURGERY	68	180	17,302.68	96.13	.189	254.45	18.16
PRINCIPAL SURGEON	54	63	14,596.43	231.69	.066	270.30	15.32
	0	0			.000		
ASSISTANT SURGEON	18	117	.00	.00		.00	.00
ANESTHESIOLOGIST			2,706.25	23.13	.123	150.35	2.84
DIALYSIS	6	38	1,257.14	33.08	.040	209.52	1.32
PATHOLOGY	38	91	1,966.27	21.61	.095	51.74	2.06
RADIOLOGY	231	556	15,901.99	28.60	.583	68.84	16.69
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	271	10,201.43	37.64	.284	637.59	10.70
OTHER SERVICES/ALL X-OVERS	145	440	15,014.80	34.12	.462	103.55	15.76
@PHARMACY	409	2,500 \$	96,969.73	\$ 38.79	2.623 \$		
PRESCRIPTION DRUGS	388	1,271	93,510.63	73.57	1.334	241.01	98.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	388	1,271	93,510.63	73.57	1.334	241.01	98.12
MEDICAL SUPPLIES	42	1,229	3,459.10	2.81	1.290	82.36	3.63
@DENTIST	111	631 \$	17,864.00	\$ 28.31	.662 \$	160.94	\$ 18.75
VISITS - DIAGNOSTIC	69	373	3,041.00	8.15	.391	44.07	3.19
ORAL SURGERY	20	41	2,686.00	65.51	.043	134.30	2.82
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	800.00	88.89	.009	88.89	.84
PERIODONTICS	10	11	1,092.00	99.27	.012	109.20	1.15
ENDODONTICS	11	15	2,207.00	147.13	.016	200.64	2.32
RESTORATIVE DENTISTRY	44	157	7,158.00	45.59	.165	162.68	7.51
PROSTHETICS	3	3	110.00	36.67	.003	36.67	.12
DENTURES, STAYPLATES	1	1	.00	.00	.001	.00	.00
· ·	1	1			.000		
SPACE MAINTAINERS	0	0	.00	.00		.00	.00
MAXILLOFACIAL SERVICES		0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	15	770.00	51.33	.016	55.00	.81
ALL OTHER SERVICES	9	6	.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 17,086
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- FAMILIES AID CODE	5R 6R 37			
					MON		
953 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

						1.10	JIN I.	IIDI AVEKA	LO L	
953 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	44	118	\$ 2,685.43	\$	22.76	.124	\$	61.03	\$	2.82
DIAGNOSTIC AND ANC. PROCED	32	32	1,366.92		42.72	.034		42.72		1.43
EYE APPLIANCES	32	84	1,273.00		15.15	.088		39.78		1.34
OTHER OPTOMETRIC SERVICES	1	2	45.51		22.76	.002		45.51		.05
@CHIROPRACTOR	1	2	\$ 33.44	\$	16.72	.002	\$	33.44	\$.04
VISITS	1	2	33.44		16.72	.002		33.44		.04
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	5	8	\$ 407.17	\$	50.90	.008	\$	81.43	\$.43
MEDICINE/INJECTIONS	5	7	154.01		22.00	.007		30.80		.16
SURGERY/ANES.	1	1	253.16		253.16	.001		253.16		.27
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	22	112 \$	7,219.21	\$ 64.46	.118 \$	328.15	\$ '	7.58
NURSE ANESTHESIST	3	30 \$	495.46	\$ 16.52	.031 \$	165.15	\$.52
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 s	.00	S	.00
PEDIATRIC NURSE PRACTITIONER	0	0 s	.00	s .00	.000 s	.00	S	.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 s	.00	Š	.00
@TOTAL HOSPITAL	436	2 616 \$	918 205 38	\$ 351.00	2 745 \$	2105 98	\$ 96	₹ 49
UOCD INDATIENT TOTAL	100	520	966 564 74	1666 47	5/6	2105.50	90.	3 30
HCC HCCDITALC	20	105	100,304.74	1000.47	110	E440 64	11.	1 25
NON HEG HOCDITAL TOTAL	20	415	756 751 00	1037.04 1032 ED	126	0242.04	70.	1.33
NON-HSC HOSPITAL TOTAL	01	415	174 401 06	1023.30	.433	9344.04	19	1.07
ACCOMMODATIONS	81	415	1 216 55	420.29	.435	2153.30	18.	3.02
ADMINISTRATIVE DAYS	1	6	1,210.55	202.76	.006	1216.55	-	1.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	10	.00
ALL OTHER ACCOM	80	409	173,205.31	423.48	.429	2165.07	18.	1.75
ANCILLARIES	81	0	582,330.12	.00	.000	7189.26	61:	1.05
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00		.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	353	2,096	51,640.64	24.64	2.199	146.29	5	1.19
MEDICAL	99	143	6,383.00	44.64	.150	64.47	(5.70
SURGERY	35	35	2,367.19	67.63	.037	67.63	:	2.48
PATHOLOGY	172	830	8,502.68	10.24	.871	49.43		3.92
RADIOLOGY	151	224	14,432.18	64.43	.235	95.58	1!	5.14
ROOM USE	197	335	9,674.41	28.88	.352	49.11	10	J.15
CROSSOVERS/ALL OTH OUTPTNT	167	529	10,281.18	19.44	.555	61.56	10	0.79
@COUNTY HOSPITAL TOTAL	5	21 \$	10.849.61	\$ 516.65	.022 \$	2169.92	\$ 1°	1.38
CO HOSPITAL INPATIENT TOTAL	3	8	10 177 00	1272 13	008	3392 33	1 () 68
HSC HOSPITALS	3	8	10 177 00	1272.13	008	3392.33	1 () 68
NON-HSC HOSDITALS TOTAL	0	0	10,177.00	00	000	00		00
ACCOMMODATIONS	0	0	.00	.00	000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DATS	0	0	.00	.00	.000	.00		.00
TRANSTITUNAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	U	U	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	13	672.61	51.74	.014	224.20		.71
MEDICAL	2	6	202.65	33.78	.006	101.33		.21
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	3	45.34	15.11	.003	22.67		.05
RADIOLOGY	2	2	351.92	175.96	.002	175.96		.37
ROOM USE	1	2	72.70	36.35	.002	72.70		.08
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE :	L7,087
MOP024	FEE-FOR-SERVICE	/DENTAL					01,	/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	FAMILIES AID CODE	5R 6R 37				
					MONT	HLY AVERA	GE	
953 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIG:	(BLE
@HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOPO24 TULARE COUNTY 953 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	431	2,595 \$	907,355.77	\$ 349.66	2.723 \$	2105.23	\$ 952	2.10
COMM HOSP INPATIENT TOTAL	97	512	856,387.74	1672.63	.537	8828.74	898	3.62
HSC HOSPITALS	17	97	98,795.76	1018.51	.102	5811.52	10:	3.67
NON-HSC HOSPITALS TOTAL	81	415	756,751.98	1823.50	.435	9342.62	79	1.07
ACCOMMODATIONS	81	415	174,421.86	420.29	.435	2153.36	18:	3.02
ADMINISTRATIVE DAYS	1	6	1,216.55	202.76	.006	1216.55		1.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	. 00		.00
ALL OTHER ACCOM	80	409	173 205 31	423 48	429	2165 07	1.8	1 75

ALL OTHER ACCOM

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

80

1

0

350

97

409

0

0

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2,083

137

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7189.26

840.00

.00

145.62

63.71

181.75

611.05

.88

.00

53.48

6.49

SURGERY	35	35		2,367.19		67.63	.037		67.63		2.48
PATHOLOGY	170	827		8,457.34		10.23	.868		49.75		8.87
RADIOLOGY	149	222		14,080.26		63.42	.233		94.50		14.77
ROOM USE	196	333		9,601.71		28.83	.349		48.99		10.08
CROSSOVERS/ALL OTH OUTPINT	167	529		10,281.18		19.44	.555		61.56		10.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	67	\$	12,150.89	\$	181.36	.070	\$	2025.15	\$	12.75
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	67		12,150.89		181.36	.070		2025.15		12.75
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	300	\$	16,680.26	\$	55.60	.315	\$	1853.36	\$	17.50
HOSPITAL BASED	2	2		4,876.39		2438.20	.002		2438.20		5.12
HEMODIALYSIS CENTER	7	298		11,803.87		39.61	.313		1686.27		12.39
@REHABILITATION FACILITY	4	36	\$	793.11	\$	22.03	.038	\$	198.28	\$.83
HOSPITAL BASED	4	36		793.11		22.03	.038		198.28		.83
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	91	327	\$	6,566.28	\$	20.08	.343	\$	72.16	\$	6.89
PATHOLOGY	91	327		6,566.28		20.08	.343		72.16		6.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	293	494	\$	49,395.34	\$	99.99	.518	\$	168.58	\$	51.83
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		140.00		140.00	.001		140.00		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	292	493		49,255.34		99.91	.517		168.68		51.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	003 THRU	DEC	2003	PI	AGE 17,088
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES F	OR MN - S	OC -	FAMILIES AID CODE	5R	6R 37					
							M	TNO	HLY AVERA	GE -	

					I-IOIN	TILLI AVEKAG	
953 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	113	1,908 \$	11,840.31	\$ 6.21	2.002 \$	104.78	\$ 12.42
DURABLE MED. EQUIP.	9	21	1,566.08	74.58	.022	174.01	1.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	51	1,578	8,527.53	5.40	1.656	167.21	8.95
AMBULANCES/AIR TRANS	49	763	7,283.23	9.55	.801	148.64	7.64
OTHER TRANS	2	815	1,244.30	1.53	.855	622.15	1.31
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.003	105.00	.33
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	75	863.04	11.51	.079	25.38	.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	132.43	132.43	.001	132.43	.14
PROSTHETICS	1	1	132.43	132.43	.001	132.43	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	30	322.99	10.77	.031	20.19	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	200	113.24	.57	.210	113.24	.12
@CALIF. CHILDREN SERVICES*	51	305	\$ 161,779.42	\$ 530.42	.320	\$ 3172.15	\$ 169.76
@XOVER EXCLUDING STATE HOSP**	11	97	\$ 7,651.27	\$ 78.88	.102	\$ 695.57	\$ 8.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,089
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

TULARE COUNTY	SUMMARY OF SER	VICES FOR MN - SOC - T	O'I'AL				
1 515					MON		
1,717 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,632	38,010 \$	2,342,779.00	\$ 61.64	22.137 \$		\$ 1364.46
@PHYSICIANS SERVICES	948	4,606 \$		\$ 36.51	2.683 \$		
OUTPATIENT VISITS	323	466	24,514.10	52.61	.271	75.90	14.28
OFFICE VISITS	116	187	5,530.48	29.57	.109	47.68	3.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,632 948 323 116 0 200	251	18,281.45	72.83	.146	91.41	10.65
PREVENTIVE CARE	0 6 7 136	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19	463.58	24.40	.011	77.26	.27
OTHER OUTPATIENT	7	9	238.59	26.51	.005	34.08	.14
INPATIENT VISITS	136	520	22,441.17	43.16	.303	165.01	13.07
HOSPITAL VISITS	130	510	21,834.83	42.81	.297	167.96	12.72
CRITICAL CARE	4	4	455.14	113.79	.002	113.79	.27
SNF/ICF/TRANS IP CARE	6	6	151.20	25.20	.003	25.20	.09
OPHTHALMOLOGICAL SERVICES	5	5 5	161.55	32.31	.003	32.31	.09
EXAMINATIONS	5	5	161.55	32.31	.003	32.31	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	82	449	37,518.54	83.56	.262	457.54	21.85
PRINCIPAL SURGEON	55	81	28,952.35	357.44	.047	526.41	16.86
ASSISTANT SURGEON	6	6	1,162.91	193.82	.003	193.82	.68
ANESTHESIOLOGIST	31	362	7,403.28	20.45	.211	238.82	4.31
OUTPATIENT SURGERY	77	196	19,659.24	100.30	.114	255.31	11.45
PRINCIPAL SURGEON	61	71	16,769.18	236.19	.041	274.90	9.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	125	2,890.06	23.12	.073	144.50	1.68
DIALYSIS	6	38	1,257.14	33.08	.022	209.52	.73
PATHOLOGY	54	123	2,225.93	18.10	.072	41.22	1.30
RADIOLOGY	281	736	25,013.43	33.99	.429	89.02	14.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	734	10,555.78	14.38	.427	439.82	6.15
OTHER SERVICES/ALL X-OVERS	426	1,339	24,819.93	18.54	.780	58.26	14.46
@PHARMACY	24 426 1,056	12,672 \$	373,131.81	\$ 29.45	7.380 \$		
PRESCRIPTION DRUGS	1.004	4,110	361,259.00	87.90	2.394	359.82	210.40
SNF/ICF	1,004 94	670	34,380.30	51.31	.390	365.75	20.02
OUTPATIENTS		3,440	326,878.70	95.02	2.003	358.42	190.38
MEDICAL SUPPLIES	912 132	8,562	11,872.81	1.39	4.987	89.95	6.91
@DENTIST	186	1,017 \$	28,785.33	\$ 28.30	.592 \$		
VISITS - DIAGNOSTIC	121	628	4,849.00	7.72	.366	40.07	2.82
ORAL SURGERY	34	84	4,006.00	47.69	.049	117.82	2.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	800.00	88.89	.005	88.89	.47
PERIODONTICS	11	12	1,092.00	91.00	.007	99.27	.64
ENDODONTICS	15	19	2,537.00	133.53	.011	169.13	1.48
1112000111100	13	17	2,337.00	133.33	• 0 ± ±	107.13	1.10

RESTORATIVE DENTISTRY	58	205	8,921.33	43.52	.119	153.82	5.20
PROSTHETICS	3	3	110.00	36.67	.002	36.67	.06
DENTURES, STAYPLATES	16	25	5,700.00	228.00	.015	356.25	3.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	15	770.00	51.33	.009	55.00	.45
ALL OTHER SERVICES	13	17	.00	.00	.010	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 17,090
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR MN - SOC -	TOTAL				
					MON	THLY AVERAG	E
1,717 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	66	173 \$	3,608.25	\$ 20.86	.101 \$	54.67	\$ 2.10
DIAGNOSTIC AND ANC. PROCED	36	36	1,556.72	43.24	.021	43.24	.91

EVE ADDITANCES	48	100	1 042 02	1 - 00	070	40 50	1	1 2
EYE APPLIANCES	48 8	123	1,943.82	15.80	.072	40.50	1.	
OTHER OPTOMETRIC SERVICES		14	107.71	7.69	.008	13.46		06
@CHIROPRACTOR	3	11 \$	44.42	\$ 4.04	.006 \$	14.81		03
VISITS	1	2	33.44	16.72	.001	33.44		02
OTHER SERVICES	2	9	10.98	1.22	.005	5.49		01
@PODIATRIST	18	26 \$	482.18	\$ 18.55	.015 \$	26.79	\$.:	28
MEDICINE/INJECTIONS	6	8	178.01	22.25	.005	29.67		10
SURGERY/ANES.	1	1	253.16	253.16	.001	253.16		15
	0	0	.00	.00	.000	.00		00
RADIO./PATHOLOGY								
OTHER	12	17	51.01	3.00	.010	4.25		03
@HOME HEALTH AGENCY	26	119 \$	7,609.04	\$ 63.94	.069 \$	292.66	\$ 4.	
NURSE ANESTHESIST	3	30 \$	495.46	\$ 16.52	.017 \$	165.15	\$.:	29
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.	00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.	00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•	00
@TOTAL HOSPITAL	650	4,646 \$	1,251,653.81	\$ 269.40		1925.62		
HOSP INPATIENT TOTAL	196			1269.65	.522	5810.61	663.	
		897	1,138,879.63					
HSC HOSPITALS	23	123	127,379.76	1035.61	.072	5538.25	74.	
NON-HSC HOSPITAL TOTAL	106	525	961,063.25	1830.60	.306	9066.63	559.	
ACCOMMODATIONS	106	525	214,430.23	408.44	.306	2022.93	124.	89
ADMINISTRATIVE DAYS	3	9	1,680.31	186.70	.005	560.10	. !	98
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	_ (00
ALL OTHER ACCOM	103	516	212,749.92	412.31	.301	2065.53	123.	
ANCILLARIES	106	0	746,633.02	.00	.000	7043.71	434.	
	70	249				720.52	29.	
INPATIENT CROSSOVERS			50,436.62	202.56	.145			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		00
HOSP OUTPATIENT TOTAL	478	3,749	112,774.18	30.08	2.183	235.93	65.	
MEDICAL	134	258	9,491.88	36.79	.150	70.83	5.	
SURGERY	45	45	3,025.56	67.23	.026	67.23	1.	
PATHOLOGY	214	1,081	10,719.99	9.92	.630	50.09	6.3	24
RADIOLOGY	188	425	26,055.08	61.31	.248	138.59	15.	17
ROOM USE	243	438	13,819.53	31.55	.255	56.87	8.	0.5
CROSSOVERS/ALL OTH OUTPTNT		1,502	49,662.14	33.06	.875	188.83	28.	
@COUNTY HOSPITAL TOTAL	6	35 \$	11,227.71	\$ 320.79		1871.29		
CO HOSPITAL INPATIENT TOTAL		8	10,177.00	1272.13	.005	3392.33	5.	
	3	8	10,177.00	1272.13	.005	3392.33	5.	
HSC HOSPITALS	3	0	·					
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00		00
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00		00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	. !	00
ANCILLARIES	0	0	.00	.00	.000	.00		00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	. (00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	_ (00
CO HOSP OUTPATIENT TOTAL	4	27	1,050.71	38.92	.016	262.68		61
MEDICAL	2	6	202.65	33.78	.003	101.33		12
SURGERY	1	1	136.05	136.05	.001	136.05		08
	3	$\overset{\perp}{4}$	48.24	12.06	.002	16.08		03
PATHOLOGY	2							
RADIOLOGY		2	351.92	175.96	.001	175.96		20
ROOM USE	2	6	258.67	43.11	.003	129.34		15
CROSSOVERS/ALL OTH OUTPTNT		8	53.18	6.65	.005	53.18		03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 17	
MOP024	FEE-FOR-SERVICE	/DENTAL					01/2	9/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC - T	OTAL					
					MON'	THLY AVERA	GE	
1,717 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'	T UNITS/DAYS	COST PER	COST P	ER
,		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIB:	
@COMMUNITY HOSPITAL TOTAL	644	4,611 \$	1,240,426.10	\$ 269.01		1926.13		
COMM HOSP INPATIENT TOTAL	193	889	1,128,702.63	1269.63	.518	5848.20	657.	
HSC HOSPITALS	20	115	117,202.76	1019.15	.067	5860.14	68.	
TIOC TIODI TITIDO	20	113	11,202.70	1017.13	.007	JUUU.14	00.	

NON-HSC HOSPITALS TOTAL	106	525		961,063.25		1830.60	.306		9066.63		559.73
ACCOMMODATIONS	106	525		214,430.23		408.44	.306		2022.93		124.89
ACCOMMODATIONS ADMINISTRATIVE DAYS	3	9		1,680.31		186.70	.005		560.10		.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	103	516		212,749.92		412.31	.301		2065.53		123.91
		0				.00					
ANCILLARIES	106 70			746,633.02			.000		7043.71		434.85
INPATIENT CROSSOVERS	0	249		50,436.62		202.56	.145		720.52		29.37
ALL OTHER INPATIENT		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	474	3,722		111,723.47		30.02	2.168		235.70		65.07
MEDICAL	132	252		9,289.23		36.86	.147		70.37		5.41
SURGERY	44	44		2,889.51		65.67	.026		65.67		1.68
PATHOLOGY	211	1,077		10,671.75		9.91	.627		50.58		6.22
RADIOLOGY	186	423		25,703.16		60.76	.246		138.19		14.97
ROOM USE	241	432		13,560.86		31.39	.252		56.27		7.90
CROSSOVERS/ALL OTH OUTPTNT	262	1,494		49,608.96		33.21	.870		189.35		28.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	121	2,766	\$	323,942.61	\$	117.12	1.611	\$	2677.21	\$	188.67
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	121	2,766		323,942.61		117.12	1.611		2677.21		188.67
@INTERMEDIATE CARE FACILDD	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	36	331	\$	32,057.31	\$	96.85	.193	\$	890.48	\$	18.67
HOSPITAL BASED	2	2		4,876.39		2438.20	.001		2438.20	•	2.84
HEMODIALYSIS CENTER	34	329		27,180.92		82.62	.192		799.44		15.83
@REHABILITATION FACILITY	4	36	\$	793.11	\$	22.03	.021	Ś	198.28	Ś	.46
HOSPITAL BASED	4	36	-	793.11	-	22.03	.021	т.	198.28	т.	.46
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	114	407	\$	7,263.64	Ś	17.85	.237	Ś	63.72	Ś	4.23
PATHOLOGY	102	386	Ψ.	7,117.17	Ψ.	18.44	.225	Τ.	69.78	Υ	4.15
XO AND OTHERS	12	21		146.47		6.97	.012		12.21		.09
@ORGANIZED OUTPATIENT CLINIC	396	660	\$	61,051.99	Ś	92.50	.384	Ġ	154.17	\$	35.56
CLINIC	0	0	۲	.00	۲	.00	.000	٧	.00	Y	.00
SURGICENTER	5	5		655.21		131.04	.003		131.04		.38
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	391	655		60,396.78		92.21	.381		154.47		35.18
#CALIF DEPT OF HEALTH SERV			DEC	MONTH-OF-PAYMENT R				חפת		П	AGE 17,092
MOP024	FEE-FOR-SERVICE		NEO	MONIA-OF-PAIMENT R	шРОК	I FOR UAN	ZUUS IRKU	שני	4003	Р	01/29/04
TULARE COUNTY	SUMMARY OF SERVICE		יחמ	T∩TAT							01/29/04
IODARE COUNTI	SUMMARI OF SERV.	TCED LOK IMM - S	- -	TOTAL				ı∩nı	HLY AVERA	CF	
1,717 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	7/ 7.7	ידים אכידי כי כייי	UNITS/DAY				COST PER
T,/I/ ELIGIBLES	USEKS	ONTIS OF SEKAIC	.E	FVLFNDTIOKF2	ΑV	FLAGE COSI	OMTID/DA)	. 5	CODI PEK		COSI PEK

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 330 10,510 83,693.23 7.96 6.121 \$ 253.62 \$ 48.74 147 35,646.98 242.50 990.19 20.76 DURABLE MED. EQUIP. 36 .086 0 BLOOD BANK 0 .00 .00 .000 .00 .00 4 HEARING AID DISPENSERS 3,052.85 610.57 .003 763.21 1.78 7,793 MEDICAL TRANSPORTATION 119 26,877.31 3.45 4.539 225.86 15.65 69 950 9,897.69 .553 5.76 AMBULANCES/AIR TRANS 10.42 143.44 45 6,685 16,676.55 2.49 9.71 OTHER TRANS 3.893 370.59 OTHER SERVICES 9 158 303.07 1.92 .092 33.67 .18 0 0 .00 .00 .00 .00 ACUPUNCTURE .000 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 3 GENETIC DISEASE TESTING 315.00 105.00 .002 105.00 .18

IHMC, MODEL-NF, NF, AIDS, MSSP	3	17		1,546.18	90.95	.010	515.39	.90
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	61	139		1,730.92	12.45	.081	28.38	1.01
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		2.49	1.25	.001	1.25	.00
PROSTHETIST/ORTHOTISTS	4	11		366.11	33.28	.006	91.53	.21
PROSTHETICS	4	11		366.11	33.28	.006	91.53	.21
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	11		2,160.67	196.42	.006	308.67	1.26
HOSPICE SERVICES	4	25		2,891.60	115.66	.015	722.90	1.68
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	30		322.99	10.77	.017	20.19	.19
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	95	2,327		8,780.13	3.77	1.355	92.42	5.11
@CALIF. CHILDREN SERVICES*	51	305	\$	161,779.42	\$ 530.42	.178	\$ 3172.15	\$ 94.22
@XOVER EXCLUDING STATE HOSP**	484	4,644	\$	145,929.36	\$ 31.42	2.705	\$ 301.51	\$ 84.99
A TOTAL IN THESE ITMES ARE STA	שת אכן א כבטאטאיים	TMEODMATTOM	TTEM /	ONT V ·				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,093 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

						M	TNC	HLY AVERA	GE	
9,673 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,759	503,543 \$	28,608,969.02	\$	56.82	52.057	\$	2931.55	\$	2957.61
@PHYSICIANS SERVICES	1,194	2,610 \$	32,257.01	\$	12.36	.270	\$	27.02	\$	3.33
OUTPATIENT VISITS	7	9	489.37		54.37	.001		69.91		.05
OFFICE VISITS	2	2	48.00		24.00	.000		24.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	6	7	441.37		63.05	.001		73.56		.05
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	27	63	2,083.89		33.08	.007		77.18		.22
HOSPITAL VISITS	5	27	1,174.79		43.51	.003		234.96		.12
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	23	36	909.10		25.25	.004		39.53		.09
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	8	162.66		20.33	.001		162.66		.02
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	8	162.66		20.33	.001		162.66		.02
OUTPATIENT SURGERY	3	3	510.27		170.09	.000		170.09		.05
PRINCIPAL SURGEON	3	3	510.27		170.09	.000		170.09		.05
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	4	7	983.38		140.48	.001		245.85		.10
PATHOLOGY	1	1	.69		.69	.000		.69		.00
RADIOLOGY	7	11	292.16		26.56	.001		41.74		.03
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1,160	2,508	27,734.59		11.06	.259		23.91		2.87
@PHARMACY	8,113	77,948 \$	2,598,952.41	\$	33.34	8.058	\$	320.34	\$	268.68
PRESCRIPTION DRUGS	8,067	51,609	2,540,179.01		49.22	5.335		314.89		262.61

SNF/ICF	7,713	48,879	2,474,670.71	50.63	5.053	320.84	255.83
OUTPATIENTS	520	2,730	65,508.30	24.00	.282	125.98	6.77
MEDICAL SUPPLIES	624	26,339	58,773.40	2.23	2.723	94.19	6.08
@DENTIST	652	2,084 \$	75,358.00	\$ 36.16	.215	\$ 115.58	\$ 7.79
VISITS - DIAGNOSTIC	600	1,463	29,046.00	19.85	.151	48.41	3.00
ORAL SURGERY	44	154	5,993.75	38.92	.016	136.22	.62
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	11	17	1,510.00	88.82	.002	137.27	.16
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	12	42	2,322.00	55.29	.004	193.50	. 24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	176	379	36,486.25	96.27	.039	207.31	3.77
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	22	29	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 17,094
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - AGED	AID CODE			
					_	NTHLY AVERA	
9,673 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	213	532 \$	8,307.71		.055		
DIAGNOSTIC AND ANC. PROCED	23	25	1,081.49	43.26	.003	47.02	.11
EVE ADDITANCES	122	336	5 791 49	17 24	035	47 47	60

9,673 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	C		PE	R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	213	532	\$	8,307.71	\$	15.62	.055	\$ 39.00	\$.86
DIAGNOSTIC AND ANC. PROCED	23	25		1,081.49		43.26	.003	47.02	.11
EYE APPLIANCES	122	336		5,791.49		17.24	.035	47.47	.60
OTHER OPTOMETRIC SERVICES	91	171		1,434.73		8.39	.018	15.77	.15
@CHIROPRACTOR	1	1	\$	1.09	\$	1.09	.000	\$ 1.09	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	1	1		1.09		1.09	.000	1.09	.00
@PODIATRIST	556	927	\$	2,845.40	\$	3.07	.096	\$ 5.12	\$.29
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	556	927		2,845.40		3.07	.096	5.12	.29
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	369	1,926	\$	170,771.52	\$	88.67	.199	\$ 462.80	\$ 17.65
HOSP INPATIENT TOTAL	178	849		156,940.94		184.85	.088	881.69	16.22
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	26		28,868.05		1110.31	.003	5773.61	2.98
ACCOMMODATIONS	5	26		8,562.41		329.32	.003	1712.48	.89
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	5	26		8,562.41		329.32	.003	1712.48	.89
ANCILLARIES	5	0		20,305.64		.00	.000	4061.13	2.10
INPATIENT CROSSOVERS	173	823		128,072.89		155.62	.085	740.31	13.24
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	205	1,077		13,830.58		12.84	.111	67.47	1.43
MEDICAL	2	4		85.56		21.39	.000	42.78	.01
SURGERY	2	2		48.37		24.19	.000	24.19	.01
PATHOLOGY	20	87		614.20		7.06	.009	30.71	.06
RADIOLOGY	3	5		268.38		53.68	.001	89.46	.03
ROOM USE	4	7		384.66		54.95	.001	96.17	.04
CROSSOVERS/ALL OTH OUTPTNT	186	972		12,429.41		12.79	.100	66.82	1.28
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,095 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT F	EPORT FOR JAN	2003 THRU DEC 2003	PAGE 1/,0
MOP024	FEE-FOR-SERVICE		EEDM CARE ACER	3 TD G0DD	1.3	01/29,
TULARE COUNTY	SUMMARY OF SERV	VICES FOR MN - LONG	TERM CARE - AGED	AID CODE		ID A CIE
0 680					MONTHLY AVE	
9,673 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS COST PE	
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT		OR DAYS OF CARE		PER UNIT/DAY		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	369	1,926 \$	- ,	\$ 88.67	.199 \$ 462.8	
COMM HOSP INPATIENT TOTAL	178	849		184.85	.088 881.6	i9 16.22
HSC HOSPITALS	0	849 0 26 26 0 0 26 0 823 0	.00	.00	.000 .0	
NON-HSC HOSPITALS TOTAL	5	26	28,868.05	1110.31	.003 5773.6	51 2.98
ACCOMMODATIONS	5	26	8,562.41	329.32	.003 1712.4	.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .0	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .0	
ALL OTHER ACCOM	5	26	8,562.41	329.32	.003 1712.4	
ANCTI.I.ARTES	5	0	20,305.64	.00	.000 4061.1	
TNDATTENT CDOCCOVEDC	172	823	20,305.64 128,072.89	155.62	.085 740.3	
ALL OFFIED TADAFTENT	1/3	023	120,072.09		.000 .0	
ALL UIRER INPAILENT	205	1 077	.00 13,830.58 85.56	12.84		
COMM HOSP OUTPATTENT TOTAL	205	1,0//	13,830.58	12.84	.111 67.4	
MEDICAL	2	4	03.30	21.37	.000 42.7	
SURGERY	2	2	48.37	24.19	.000 24.1	
PATHOLOGY	20	8.7	614.20	7.06	.009 30.7	
RADIOLOGY	3	5	268.38	53.68	.001 89.4	
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	4	4 2 87 5 7 972	384.66	54.95	.001 96.1	
CROSSOVERS/ALL OTH OUTPTNT	186	212	12,429.41	12.79	.100 66.8	
@STATE HOSPITAL	35	1,065 \$	432,631.33	\$ 406.23	.110 \$ 12360.9	0 \$ 44.73
MENTALLY ILL	0	0	.00	.00	.000 .0	
DEVELOP. DISABLED	35	1,065	432,631.33	406.23	.110 12360.9	0 44.73
@NURSING FACILITY	8,503	247,166 \$	24,368,166.56	\$ 98.59	25.552 \$ 2865.8	
LEV A-INTERMEDIATE	1	28	1,606.57	57.38	.003 1606.5	
LEV B-REHAB MD	_	0	.00	.00	.000 .0	
LEV B-SUBACUTE FREESTANDING	186 35 0 35 8,503 1 0	0 0 469 0 246,669	.00	.00	.000 .0	
LEV B-SUBACUTE HSPTL BASED		469		558.00	.048 15394.1	
LEV B-TRANSITIONAL IP CARE	8,485 64	409	.00	.00	.000 .0	
	0 405	246,669	24,104,859.76	97.72	25.501 2840.8	
LEV B-REGULAR		240,009				
@INTERMEDIATE CARE FACILDD	04	1,971 \$		\$ 138.54	.204 \$ 4266.6	
ICF DDH	54	1,646	220,038.87	133.68	.170 4074.7	
ICF DD	0	0	.00	.00	.000 .0	
ICF DDN/DDCN	10	325	53,023.54	163.15	.034 5302.3	
@HEMODIALYSIS TOTAL	68	212 \$		\$ 217.82	.022 \$ 679.0	
HOSPITAL BASED	0	0	.00	.00	.000 .0	
HEMODIALYSIS CENTER	68	212	46,177.01	217.82	.022 679.0	
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0 \$.00	\$.00	.000 \$.0	0 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .0	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000 .0	.00
@LABORATORY FACILITY	37	125 \$	1,231.90	\$ 9.86		19 \$.13
PATHOLOGY	17	94	886.83	9.43	.010 52.1	
XO AND OTHERS	20	31	345.07	11.13	.003 17.2	
@ORGANIZED OUTPATIENT CLINIC	246	430 \$		\$ 22.93		7 \$ 1.02
CLINIC	0		.00	.00	.000 .0	
	0	0				
SURGICENTER	•	_	.00	.00	.000 .0	
HEROIN DETOX CLINIC	0	0	.00		.000 .0	
RURAL HEALTH CLINIC	246	430	9,858.44	22.93	.044 40.0	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MON'I'H-OF-PAYMENT F	EPORT FOR JAN	2003 THRU DEC 2003	
MOP024	FEE-FOR-SERVICE					01/29,
TULARE COUNTY	SUMMARY OF SERV	VICES FOR MN - LONG	TERM CARE - AGED	AID CODE	13	
					MONTHLY AVE	
9,673 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS COST PE	R COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG USER	ELIGIBLE
CALL OFFICE PROFITEERS	0 1 6 0	166 546 8	E00 240 02	A 2 E 4	10 010 4 000 0	T 4 CO O

@ALL OTHER PROVIDERS

2,160 166,546 \$ 589,348.23 \$ 3.54 17.218 \$ 272.85 \$ 60.93

DURABLE MED. EQUIP.	288	3,039		179,567.92	59.09	.314	623.50	18.56
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	51	68		28,160.44	414.12	.007	552.17	2.91
MEDICAL TRANSPORTATION	1,195	30,559		139,316.32	4.56	3.159	116.58	14.40
AMBULANCES/AIR TRANS	155	1,040		19,534.26	18.78	.108	126.03	2.02
OTHER TRANS	962	28,892		116,659.19	4.04	2.987	121.27	12.06
OTHER SERVICES	135	627		3,122.87	4.98	.065	23.13	.32
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	135	308		3,889.57	12.63	.032	28.81	.40
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	151	278		452.16	1.63	.029	2.99	.05
PROSTHETIST/ORTHOTISTS	33	51		3,260.87	63.94	.005	98.81	.34
PROSTHETICS	22	33		1,145.70	34.72	.003	52.08	.12
ORTHOTICS	11	18		2,115.17	117.51	.002	192.29	.22
PSYCHOLOGIST	27	42		726.50	17.30	.004	26.91	.08
SPEECH AND AUDIOLOGY	40	77		4,480.74	58.19	.008	112.02	.46
HOSPICE SERVICES	62	1,841		178,396.27	96.90	.190	2877.36	18.44
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	432	130,283		51,097.44	.39	13.469	118.28	5.28
@CALIF. CHILDREN SERVICES*	1	1	\$	223.00	\$ 223.00	.000	\$ 223.00	\$.02
@XOVER EXCLUDING STATE HOSP**	3,599	108,715	\$	805,853.64	\$ 7.41	11.239	\$ 223.91	\$ 83.31
* TOTAL IN THECE I THE ADE CITY	ידי אכר א כובים אידי אידי	E TATEODMANTON	TUDIN C	NTT 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,097
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

TODIME COUNTY	DOMINITAL OF DELL	VICED FOR THE HORG	THE CITE DELIVE	TITO CODE	23		
					MON	ITHLY AVERA	GE
143 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	87	8,358 \$	282,782.07	\$ 33.83	58.448 \$	3250.37	\$ 1977.50
@PHYSICIANS SERVICES	20	59 \$	2,177.05	\$ 36.90	.413 \$	108.85	\$ 15.22
OUTPATIENT VISITS	5	6	286.18	47.70	.042	57.24	2.00
OFFICE VISITS	2	3	139.70	46.57	.021	69.85	.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.007	108.08	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.40	19.20	.014	19.20	.27
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	162.31	81.16	.014	162.31	1.14
PRINCIPAL SURGEON	1	2	162.31	81.16	.014	162.31	1.14

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		61.23		61.23	.007		61.23		.43
RADIOLOGY	4	8		1,216.05	1	52.01	.056		304.01		8.50
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	42		451.28		10.74	.294		37.61		3.16
@PHARMACY	43	319	\$	9,499.89	\$	29.78	2.231	\$	220.93	\$	66.43
PRESCRIPTION DRUGS	43	319		9,500.74		29.78	2.231		220.95		66.44
SNF/ICF	42	300		8,976.78		29.92	2.098		213.73		62.77
OUTPATIENTS	4	19		523.96		27.58	.133		130.99		3.66
MEDICAL SUPPLIES	0	0		.85CR		.00	.000		.00		.01CR
@DENTIST	5	8	\$	1,065.00	\$ 1	33.13	.056	\$	213.00	\$	7.45
VISITS - DIAGNOSTIC	3	4		120.00		30.00	.028		40.00		.84
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		00.00	.007		200.00		1.40
ENDODONTICS	1	1		330.00	3	30.00	.007		330.00		2.31
RESTORATIVE DENTISTRY	1	2		415.00	2	07.50	.014		415.00		2.90
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH	-OF-PAYMENT REP	PORT F	OR JAN	2003 THRU	DEC	2003	PI	AGE 17,098
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	MN - LON	IG TERM (CARE - BLIND	A	ID CODE	E 23				

						M	ГИО	HLY AVERA	GE	
143 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$	25.14	.028	\$	100.56	\$.70
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.007		47.45		.33
EYE APPLIANCES	1	3	53.11		17.70	.021		53.11		.37
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	5	7	\$ 21.15	\$	3.02	.049	\$	4.23	\$.15
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	5	7	21.15		3.02	.049		4.23		.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	50	\$ 1,423.16	\$	28.46	.350	\$	237.19	\$	9.95
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	50	1,423.16	28.46	.350	237.19	9.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	36	439.51	12.21	.252	109.88	3.07
RADIOLOGY	2	7	684.41	97.77	.049	342.21	4.79
ROOM USE	4	6	290.97	48.50	.042	72.74	2.03
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.27	8.27	.007	8.27	.06
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT RE	PORT FOR JAN 2003	THRU DEC	2003	PAGE 17,099
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	MN - LONG	G TERM CARE - BLIND	AID CODE 23			

----- MONTHLY AVERAGE -----143 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 50 1,423.16 28.46 .350 \$ 237.19 \$ 9.95 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 28.46 1,423.16 237.19 COMM HOSP OUTPATIENT TOTAL 50 .350 9.95 MEDICAL Ω .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 109.88 PATHOLOGY 36 439.51 12.21 .252 3.07 7 342.21 684.41 97.77 .049 4.79 RADIOLOGY 6 290.97 48.50 .042 72.74 ROOM USE 2.03 CROSSOVERS/ALL OTH OUTPTNT 1 8.27 8.27 .007 8.27 .06 @STATE HOSPITAL 365 141,346.36 387.25 2.552 \$ 11778.86 988.44 MENTALLY ILL 0 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 12 365 141,346.36 387.25 2.552 11778.86 988.44 46 8.021 \$ 2589.64 @NURSING FACILITY 1,147 119,123.53 103.86 833.03 .00 .00 .000 LEV A-INTERMEDIATE .00 LEV B-REHAB MD 0 0 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 0 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00

LEV B-REGULAR	46	1,147	119,123.53	103.86	8.021	2589.64	833.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	12	\$ 535.01	\$ 44.58	.084	\$ 133.75	\$ 3.74
PATHOLOGY	4	12	535.01	44.58	.084	133.75	3.74
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 17,100
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES F	OR MN - LONG	TERM CARE - BLIND	AID CODE 2	23		

					MON	THLY AVERAG	GE
143 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	24	6,387 \$	7,490.36	\$ 1.17	44.664 \$	312.10	\$ 52.38
DURABLE MED. EQUIP.	4	25	2,789.94	111.60	.175	697.49	19.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	15	271.36	18.09	.105	54.27	1.90
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.014	110.71	.77
OTHER TRANS	4	16	142.02	8.88	.112	35.51	.99
OTHER SERVICES	1	3CR	18.63	6.21CR	.021CR	18.63	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	7	85.04	12.15	.049	42.52	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.80	.80	.007	.80	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.007	31.08	.22
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	19	2,557.97	134.63	.133	1278.99	17.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	6,319	1,754.17	.28	44.189	175.42	12.27
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	35	6,366 \$	9,690.15	\$ 1.52	44.517 \$	276.86	\$ 67.76
@* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPARAT	E INFORMATION ITEM ONI	Y;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,101 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

						MON	ITHLY AVERA	GE
9,155 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,818	824,515	\$	73,659,945.72	\$ 89.34	90.062	9421.84	\$ 8045.87
@PHYSICIANS SERVICES	619	5,588	\$	59,481.95	\$ 10.64	.610	96.09	\$ 6.50
OUTPATIENT VISITS	85	105		5,588.03	53.22	.011	65.74	.61
OFFICE VISITS	43	49		2,145.03	43.78	.005	49.88	.23
HOME VISITS	6	13		503.10	38.70	.001	83.85	.05
EMERGENCY ROOM	35	40		2,797.38	69.93	.004	79.93	.31
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2		96.76	48.38	.000	96.76	.01
OTHER OUTPATIENT	1	1		45.76	45.76	.000	45.76	.00
INPATIENT VISITS	120	562		22,443.18	39.93	.061	187.03	2.45
HOSPITAL VISITS	27	213		8,022.96	37.67	.023	297.15	.88
CRITICAL CARE	2	9		1,094.40	121.60	.001	547.20	.12

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	99	340	13,325.82	39.19	.037	134.60		1.46
OPHTHALMOLOGICAL SERVICES	4	4	158.53	39.63	.000	39.63		.02
EXAMINATIONS	4	4	158.53	39.63	.000	39.63		.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	12	50	3,756.40	75.13	.005	313.03		.41
	9							
PRINCIPAL SURGEON		13	2,770.19	213.09	.001	307.80		.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	5	37	986.21	26.65	.004	197.24		.11
OUTPATIENT SURGERY	39	172	8,736.80	50.80	.019	224.02		.95
PRINCIPAL SURGEON	33	47	7,592.82	161.55	.005	230.09		.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	Q	125	1,143.98	9.15	.014	143.00		.12
DIALYSIS	2	5	437.92	87.58	.001	145.97		.05
	4	6	198.19	33.03				.02
PATHOLOGY					.001	49.55		
RADIOLOGY	62	201	4,343.13	21.61	.022	70.05		.47
PSYCHIATRY	4	4	92.88	23.22	.000	23.22		.01
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	401	4,479	13,726.89	3.06	.489	34.23		1.50
@PHARMACY	1,891	22,669 \$	851,393.19	\$ 37.56	2.476	450.23	\$	93.00
PRESCRIPTION DRUGS	1,874	12,086	832,858.08	68.91	1.320	444.43	•	90.97
SNF/ICF	1,361	9,552	667,695.22	69.90	1.043	490.59		72.93
OUTPATIENTS	557	2,534	165,162.86	65.18	.277	296.52		18.04
MEDICAL SUPPLIES	135	10,583	18,535.11	1.75	1.156	137.30		2.02
	183						4	4.01
@DENTIST			36,671.43				Þ	
VISITS - DIAGNOSTIC	161	649	9,587.40	14.77	.071	59.55		1.05
ORAL SURGERY	26	62	3,091.00	49.85	.007	118.88		.34
DRUGS	1	3	45.00	15.00	.000	45.00		.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00		.02
PERIODONTICS	43	80	11,963.00	149.54	.009	278.21		1.31
ENDODONTICS	1	1	88.00	88.00	.000	88.00		.01
RESTORATIVE DENTISTRY	26	86	4,960.00	57.67	.009	190.77		.54
PROSTHETICS	1	1	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	13	28	3,893.00	139.04	.003	299.46		.43
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	26	27	2,844.03	105.33	.003	109.39		.31
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
	•	0						
ORTHODONTIC SERVICES	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	17	18	.00	.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	EC 2003	PA	GE 17,102
MOP024	FEE-FOR-SERVICE							01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - DISABLE	ED AID CODE				
					MON			
9,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E.	LIGIBLE
@OPTOMETRIST	55	122 \$	2,227.64	\$ 18.26	.013		\$.24
DIAGNOSTIC AND ANC. PROCED	11	11	521.95	47.45	.001	47.45		.06
EYE APPLIANCES	27	75	1,180.67	15.74	.008	43.73		.13
	20	36		14.58		26.25		
OTHER OPTOMETRIC SERVICES	∠0	36	525.02	14.58	.004			.06

9,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:	3	COST PER	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	55	122	\$ 2,227.64	\$	18.26	.013	\$	40.50	\$.24
DIAGNOSTIC AND ANC. PROCED	11	11	521.95		47.45	.001		47.45	.06
EYE APPLIANCES	27	75	1,180.67		15.74	.008		43.73	.13
OTHER OPTOMETRIC SERVICES	20	36	525.02		14.58	.004		26.25	.06
@CHIROPRACTOR	1	1	\$ 9.61	\$	9.61	.000	\$	9.61	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	1	1	9.61		9.61	.000		9.61	.00
@PODIATRIST	72	120	\$ 1,399.35	\$	11.66	.013	\$	19.44	\$.15
MEDICINE/INJECTIONS	10	11	330.25		30.02	.001		33.03	.04
SURGERY/ANES.	2	2	306.23		153.12	.000		153.12	.03
RADIO./PATHOLOGY	1	2	34.60		17.30	.000		34.60	.00
OTHER	63	105	728.27		6.94	.011		11.56	.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	7	377	\$ 799.39	\$	2.12	.041	\$	114.20	\$.09
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 49.52	\$	24.76	.000	\$	49.52	\$.01

	0	0			0.0	4	0.0	000		0.0		0.0
FAMILY NURSE PRACTITIONER	0	0	\$	2	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	265	1,458	\$		34,062.20	\$	263.42	.159	\$	1449.29	\$	41.95
HOSP INPATIENT TOTAL	72	430			57,046.75		830.34	.047		4958.98		39.00
HSC HOSPITALS	4	27			24,665.00		913.52	.003		6166.25		2.69
NON-HSC HOSPITAL TOTAL	20	151			98,392.47		1976.11	.016		14919.62		32.59
ACCOMMODATIONS	20	151			54,298.86		359.60	.016		2714.94		5.93
ADMINISTRATIVE DAYS	1	13			3,006.90		231.30	.001		3006.90		.33
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	138			51,291.96		371.68	.015		2699.58		5.60
ANCILLARIES	20	0			44,093.61		.00	.000		12204.68		26.66
INPATIENT CROSSOVERS	48	252			33,989.28		134.88	.028		708.11		3.71
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	197	1,028		:	27,015.45		26.28	.112		137.13		2.95
MEDICAL	28	51			1,038.40		20.36	.006		37.09		.11
SURGERY	27	28			1,381.32		49.33	.003		51.16		.15
PATHOLOGY	68	378			3,564.02		9.43	.041		52.41		.39
RADIOLOGY	51	87			7,524.18		86.48	.010		147.53		.82
ROOM USE	64	99			5,615.04		56.72	.011		87.74		.61
CROSSOVERS/ALL OTH OUTPTNT	109	385			7,892.49		20.50	.042		72.41		.86
@COUNTY HOSPITAL TOTAL	11	33	\$		1,432.84	\$	43.42	.004	Ġ	130.26	Ś	.16
CO HOSPITAL INPATIENT TOTAL		0	-		.00	4	.00	.000	4	.00	7	.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	n			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	33			1,432.84		43.42	.004		130.26		.16
MEDICAL	1	1			20.14		20.14	.000		20.14		.00
SURGERY	0	<u> </u>			.00		.00	.000		.00		.00
PATHOLOGY	4	15			231.34		15.42	.002		57.84		.03
RADIOLOGY	2	13			383.36		95.84	.002		127.79		.04
ROOM USE	0	0			320.35		40.04	.001		40.04		.03
CROSSOVERS/ALL OTH OUTPTNT	0	0			477.65		95.53	.001		119.41		.05
	MEDI GAI GEDITGEG AND E	ADEMED TERM	TD EIG	MONTHII OF					DEG		D.7	GE 17,103
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	VERNDILO	KES	MONTH-OF.	- PAIMENI I	KEPOK.	I FOR JAN 200	5 IHKU	DFC.	∠ ∪∪3	PA	
MOP024	FEE-FOR-SERVICE/DENTAL	NANT T	ONTC	DEDM CAP	ם בסיים		ATD CODE C3					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	MN - T	ONG	TERM CAR	: - DISABI	LED	AID CODE 63					

9,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	256	1,425 \$	382,629.36	\$ 268.51	.156	\$ 1494.65	\$ 41.79
COMM HOSP INPATIENT TOTAL	72	430	357,046.75	830.34	.047	4958.98	39.00
HSC HOSPITALS	4	27	24,665.00	913.52	.003	6166.25	2.69
NON-HSC HOSPITALS TOTAL	20	151	298,392.47	1976.11	.016	14919.62	32.59
ACCOMMODATIONS	20	151	54,298.86	359.60	.016	2714.94	5.93
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001	3006.90	.33
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	138	51,291.96	371.68	.015	2699.58	5.60
ANCILLARIES	20	0	244,093.61	.00	.000	12204.68	26.66
INPATIENT CROSSOVERS	48	252	33,989.28	134.88	.028	708.11	3.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	188	995	25,582.61	25.71	.109	136.08	2.79
MEDICAL	27	50	1,018.26	20.37	.005	37.71	.11
SURGERY	27	28	1,381.32	49.33	.003	51.16	.15
PATHOLOGY	64	363	3,332.68	9.18	.040	52.07	.36
RADIOLOGY	49	83	7,140.82	86.03	.009	145.73	.78
ROOM USE	57	91	5,294.69	58.18	.010	92.89	.58

----- MONTHLY AVERAGE -----

CROSSOVERS/ALL OTH OUTPTNT	105	380		7,414.84		19.51	.042		70.62		.81
@STATE HOSPITAL	4,707	145,176	\$	62,901,157.46	\$	433.28	15.858	\$	13363.32	\$	6870.69
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
MENTALLY ILL DEVELOP. DISABLED	4,707	145,176		62,901,157.46		433.28	15.858		13363.32		6870.69
@NURSING FACILITY	809	24,071	\$	4,777,768.86	\$	198.49	2.629	\$	5905.77	\$	521.88
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	11	335		38,004.43		113.45	.037		3454.95		4.15
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	143	5,159		2,759,731.21		534.94	.564		19298.82		301.45
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	661	18,577		1,980,033.22		106.59	2.029		2995.51		216.28
@INTERMEDIATE CARE FACILDD	924	28,614	\$	4,276,115.99	\$	149.44	3.126	\$	4627.83	\$	467.08
ICF DDH	448	13,839		1,820,916.05		131.58	1.512		4064.54		198.90
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	477	14,775		2,455,199.94		166.17	1.614		5147.17		268.18
@HEMODIALYSIS TOTAL	28 0 28	51	\$	20,075.34	\$	393.63	.006	\$	716.98	\$	2.19
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	28	51		20,075.34		393.63	.006		716.98		2.19
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	328	807	\$	16,243.37	\$	20.13	.088	\$	49.52	\$	1.77
PATHOLOGY	311	780		16,079.51		20.61	.085		51.70		1.76
XO AND OTHERS	17	27		163.86		6.07	.003		9.64		.02
@ORGANIZED OUTPATIENT CLINIC	586	1,528	\$	79,381.87	\$	51.95	.167	\$	135.46	\$	8.67
CLINIC	1	6		124.83		20.81	.001		124.83		.01
SURGICENTER	30	179		6,372.64		35.60	.020		212.42		.70
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	563	1,343		72,884.40		54.27	.147		129.46		7.96
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 17,104
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN -	LONG	TERM CARE - DISABL	ED	AID COD					
0 155 51 53 53							M				

9,155 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	1,037	592,974	\$	253,108.55	\$.43	64.771	\$ 244.08	\$ 27.65
DURABLE MED. EQUIP.	70	1,232		81,525.15	66.17	.135	1164.65	8.90
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		1,094.65	547.33	.000	547.33	.12
MEDICAL TRANSPORTATION	206	8,391		33,151.72	3.95	.917	160.93	3.62
AMBULANCES/AIR TRANS	61	534		7,983.28	14.95	.058	130.87	.87
OTHER TRANS	120	7,509		24,138.13	3.21	.820	201.15	2.64
OTHER SERVICES	37	348		1,030.31	2.96	.038	27.85	.11
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	32	73		872.05	11.95	.008	27.25	.10
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	10	23		338.18	14.70	.003	33.82	.04
PROSTHETIST/ORTHOTISTS	18	48		2,910.28	60.63	.005	161.68	.32
PROSTHETICS	16	45		2,687.24	59.72	.005	167.95	.29
ORTHOTICS	2	3		223.04	74.35	.000	111.52	.02
PSYCHOLOGIST	46	291		1,127.73	3.88	.032	24.52	.12
SPEECH AND AUDIOLOGY	13	30		1,830.96	61.03	.003	140.84	.20
HOSPICE SERVICES	3	35		2,463.60	70.39	.004	821.20	.27
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	1,797		6,858.63	3.82	.196	762.07	.75
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE G THE AMOUNTS ARE ALREADY INC ** THESE DATA ARE INCLUDED IN	LUDED IN THE AP		LINE	.00 .00 120,830.60 3,330.03 183,690.01 ONLY;	\$.00 .00 .21 36.20 .88	.000 .000 63.468 .010 22.699	\$ \$.00 .00 174.86 555.01 167.75	\$ \$.00 .00 13.20 .36 20.06
#CALIF DEPT OF HEALTH SERV	-	ES AND EXPENDITUR		ONTH-OF-PAYMENT R	EPOR'	r for Jan	2003 THRU	DEC	2003	P	AGE 17,105 01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - LC	NG T	ERM CARE - FAMILI	ES	DISCONTIN		ידוו∩ו	HLY AVERA	CF.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AV:	ERAGE COST		-	COST PER	_	COST PER
@TOTAL, ALL PROVIDERS	0	OR DAYS OF CARE	\$.00	PEI \$	R UNIT/DAY	PER ELIG	; \$	USER .00	\$ \$	ELIGIBLE .00
@PHYSICIANS SERVICES	U	Ü	Þ	.00	Ş	.00	.000	Ş	.00	Þ	.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	Ô	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	0	U	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	Ü	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00			
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Õ	0	.00	.00	.000	.00	.00
	0	0 \$.000 \$		\$.00
@DENTIST	0	- 1	.00	\$.00			
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	U	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ō	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	0	0					
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	U	Ü	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 17,106
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG TE	RM CARE - FAMILIE	S DISCONTINU	JED		
					MONTH	LY AVERAGE	E
00 ELIGIBLES	USERS I	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	Ö	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$.00	
VISITS	0	0 \$.00	.00	.000 \$.00	.00
A T D T T D	U	U	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00)	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00		.00	.000	\$.00	\$.00
	0	· · · · · · · · · · · · · · · · · · ·					•	
MEDICINE/INJECTIONS	Ü	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00)	.00	.000	.00	.00
OTHER	0	0	.00)	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00		.00	.000	\$.00	
	0							:
NURSE ANESTHESIST	Ü	0 \$.00		.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00		.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00) \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00) \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00		.00	.000	\$.00	\$.00
	0						•	•
HOSP INPATIENT TOTAL	Ü	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00)	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
	0	0						
TRANSITIONAL IP CARE	Ü	Ü	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00)	.00	.000	.00	.00
ANCILLARIES	0	0	.00)	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
	0	0						
HOSP OUTPATIENT TOTAL	U	U	.00		.00	.000	.00	.00
MEDICAL	0	0	.00)	.00	.000	.00	.00
SURGERY	0	0	.00)	.00	.000	.00	.00
PATHOLOGY	0	0	.00)	.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
	0							
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00)	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00)	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
	0	0						
ADMINISTRATIVE DAYS	Ü	Ü	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00)	.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
	0	0						
ALL OTHER INPATIENT	U	U	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00)	.00	.000	.00	.00
SURGERY	0	0	.00)	.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	Ů.	0	.00		.00	.000	.00	.00
	0	0						
ROOM USE	U	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPOR	RT FOR JAN 2	2003 THRU 1	DEC 2003	PAGE 17,107
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SER	VICES FOR MN - LONG	TERM CARE - FAMII	TES	DISCONTINI	IED		
TODINE COUNTY	BOILING OF BEIL	VICED FOR THE LONG		1110	DIDCONTIN		מיזיע א זוידים <i>ז</i>	AGE
00 ELIGIDIES	Hanna	INTER OF CERTICE	EXPENDIBLE	7.7	TED AGE GOOM			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES					
		OR DAYS OF CARE			ER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00) \$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00)	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00)	.00	.000		
NON-HSC HOSPITALS TOTAL	0	0)	.00	.000		
	0							
ACCOMMODATIONS	U	0	.00		.00	.000	.00	
ADMINISTRATIVE DAYS	O	0	.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00)	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0										
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	Ô	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
PATHOLOGY	Ü	0				.00	.000				.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	Ψ	.00	~	.00
	0										
DEVELOP. DISABLED	U	0	4.	.00	4.	.00	.000	4.	.00	4.	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		Ô		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	'	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	Ü	Ü		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	•	.00	.000		.00		.00
XO AND OTHERS	Ô	0		.00		.00	.000		.00		.00
	0	0	\$		ė.			4		۲.	
@ORGANIZED OUTPATIENT CLINIC	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	· ·	ES AND EXPENDITUR	EG MON		דס∩סיד			ישר		ם די	AGE 17,108
			ES MOI	NIH-OF-PAIMENI K.	EPURI	FOR UAN Z	OUS IRO I		2003	PI	
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MN - LOI	NG TEF	RM CARE - FAMILI	ES I	DISCONTINU	ED				
							MC	TINC	ILY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	S C	COST PER	(COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	Ġ	.00		.00
			Ą		Ą			Ą		Ą	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0										
OTHER TRANS		0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	0	0									
IHMC, MODEL-NF, NF, AIDS, MSSP				.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,109
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

TODAKE COUNTY	SOMMAKI OF SEK	VICES FOR MN LON	0 1	ERM CARE TOTAL		MOI	NTHLY AVERA	CF	
18,971 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			_	COST PER
10,9/1 EDIGIBLES	OSERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	17,664		\$	102,551,696.81	\$ 76.74	70.445			5405.71
@PHYSICIANS SERVICES	1,833		\$	93,916.01	\$ 11.37	.435			4.95
OUTPATIENT VISITS	97	120	Ą	6,363.58	53.03	.006	65.60	Ą	.34
OFFICE VISITS	47	54		2,332.73	43.20	.003	49.63		.12
HOME VISITS	6	13		503.10	38.70	.003	83.85		.03
EMERGENCY ROOM	42	48		3,346.83	69.73	.001	79.69		.18
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	2		.00 96.76	48.38	.000	96.76		.01
OB VISIIS/COMPRE PERI OTHER OUTPATIENT		3		84.16	28.05	.000	28.05		.00
	3 147	625			39.24				
INPATIENT VISITS	32	240		24,527.07		.033	166.85		1.29
HOSPITAL VISITS	2	240		9,197.75	38.32	.013	287.43		.48
CRITICAL CARE				1,094.40	121.60	.000	547.20		.06
SNF/ICF/TRANS IP CARE	122	376		14,234.92	37.86	.020	116.68		.75
OPHTHALMOLOGICAL SERVICES	4	4		158.53	39.63	.000	39.63		.01
EXAMINATIONS	4	4		158.53	39.63	.000	39.63		.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	13	58		3,919.06	67.57	.003	301.47		.21
PRINCIPAL SURGEON	9	13		2,770.19	213.09	.001	307.80		.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	6	45		1,148.87	25.53	.002	191.48		.06
OUTPATIENT SURGERY	43	177		9,409.38	53.16	.009	218.82		.50
PRINCIPAL SURGEON	37	52		8,265.40	158.95	.003	223.39		.44
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	8	125		1,143.98	9.15	.007	143.00		.06
DIALYSIS	7	12		1,421.30	118.44	.001	203.04		.07
PATHOLOGY	6	8		260.11	32.51	.000	43.35		.01
RADIOLOGY	73	220		5,851.34	26.60	.012	80.16		.31
PSYCHIATRY	4	4		92.88	23.22	.000	23.22		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1,573	7,029		41,912.76	5.96	.371	26.65		2.21
@PHARMACY	10,047		\$		\$ 34.28	5.321	\$ 344.37	\$	182.38
PRESCRIPTION DRUGS	9,984	64,014		3,382,537.83	52.84	3.374	338.80		178.30
SNF/ICF	9,116	58,731		3,151,342.71	53.66	3.096	345.69		166.11
OUTPATIENTS	1,081	5,283		231,195.12	43.76	.278	213.87		12.19
MEDICAL SUPPLIES	759	36,922		77,307.66	2.09	1.946	101.85		4.08
@DENTIST	840	3,049	\$	113,094.43	\$ 37.09	.161	\$ 134.64	\$	5.96

VISITS - DIAGNOSTIC	764	2,116	38,753.40	18.31	.112	50.72	2.04
ORAL SURGERY	70	216	9,084.75	42.06	.011	129.78	.48
DRUGS	1	3	45.00	15.00	.000	45.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	55	98	13,673.00	139.52	.005	248.60	.72
ENDODONTICS	2	2	418.00	209.00	.000	209.00	.02
RESTORATIVE DENTISTRY	39	130	7,697.00	59.21	.007	197.36	.41
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	189	407	40,379.25	99.21	.021	213.65	2.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	26	27	2,844.03	105.33	.001	109.39	.15
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	39	47	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2003 THRU DE	C 2003	PAGE 17,110
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

TULARE COUNTY	SUMMARY OF SERVICES	FOR MN - LO	NG T	ERM CARE - TOTAL							
10 071 FLIGHBLES	HORDO IBILE	10 OF GERITAR			7 7 7 7	DAGE GOGE	MC				
18,971 ELIGIBLES		'S OF SERVICE		EXPENDITURES			UNITS/DAYS	5	COST PER		COST PER
@OPTOMETRIST	269	DAYS OF CARE		10 625 01		R UNIT/DAY		4	USER		ELIGIBLE
		658	\$	10,635.91	\$	16.16	.035	Þ	39.54	Þ	.56
DIAGNOSTIC AND ANC. PROCED	35	37		1,650.89		44.62	.002		47.17		.09
EYE APPLIANCES	150	414		7,025.27		16.97	.022		46.84		.37
OTHER OPTOMETRIC SERVICES	111	207		1,959.75	4	9.47	.011		17.66		.10
@CHIROPRACTOR	2	2	\$	10.70	\$	5.35	.000	Ş	5.35	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	2		10.70	_	5.35	.000	_	5.35	_	.00
@PODIATRIST	633	1,054	\$	4,265.90	\$	4.05	.056	Ş	6.74	Ş	.22
MEDICINE/INJECTIONS	10	11		330.25		30.02	.001		33.03		.02
SURGERY/ANES.	2	2		306.23		153.12	.000		153.12		.02
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	624	1,039		3,594.82	_	3.46	.055	_	5.76	_	.19
@HOME HEALTH AGENCY	0	0	Ş	.00	\$.00		\$		\$.00
NURSE ANESTHESIST	7	377	Ş	799.39	Ş	2.12		\$		\$.04
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00		\$		\$.00
PEDIATRIC NURSE PRACTITIONER		2	Ş	49.52	\$	24.76		\$	49.52		.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00		\$		\$.00
@TOTAL HOSPITAL	640	3,434	Ş	556,256.88	\$	161.99	.181	Ş	869.15	Ş	29.32
HOSP INPATIENT TOTAL	250	1,279		513,987.69		401.87	.067		2055.95		27.09
HSC HOSPITALS	4	27		24,665.00		913.52	.001		6166.25		1.30
NON-HSC HOSPITAL TOTAL	25	177		327,260.52		1848.93	.009		13090.42		17.25
ACCOMMODATIONS	25	177		62,861.27		355.15	.009		2514.45		3.31
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.001		3006.90		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	24	164		59,854.37		364.97	.009		2493.93		3.16
ANCILLARIES	25	0		264,399.25		.00	.000		10575.97		13.94
INPATIENT CROSSOVERS	221	1,075		162,062.17		150.76	.057		733.31		8.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	408	2,155		42,269.19		19.61	.114		103.60		2.23
MEDICAL	30	55		1,123.96		20.44	.003		37.47		.06
SURGERY	29	30		1,429.69		47.66	.002		49.30		.08
PATHOLOGY	92	501		4,617.73		9.22	.026		50.19		.24
RADIOLOGY	56	99		8,476.97		85.63	.005		151.37		.45
ROOM USE	72	112		6,290.67		56.17	.006		87.37		.33
CROSSOVERS/ALL OTH OUTPTNT	296	1,358		20,330.17	4.	14.97	.072		68.68		1.07
@COUNTY HOSPITAL TOTAL	11	33	\$	1,432.84	\$	43.42	.002	Ş	130.26	Ş	.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	33		1,432.84		43.42	.002		130.26		.08
MEDICAL	1	1		20.14		20.14	.000		20.14		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	15		231.34		15.42	.001		57.84		.01
RADIOLOGY	3	4		383.36		95.84	.000		127.79		.02
ROOM USE	8	8		320.35		40.04	.000		40.04		.02
CROSSOVERS/ALL OTH OUTPTNT	4	5		477.65		95.53	.000		119.41		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU I	EC	2003	Ρ	PAGE 17,111

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	гио	THLY AVERA	GE	
18,971 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAC	E COST	UNITS/DAY		COST PER		COST PER
•		OR DAYS OF CARE				NIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	631	3,401	\$	554,824.04	\$ 16	53.14	.179	\$	879.28	\$	29.25
COMM HOSP INPATIENT TOTAL	250	1,279		513,987.69	40	1.87	.067		2055.95		27.09
HSC HOSPITALS	4	27		24,665.00	91	L3.52	.001		6166.25		1.30
NON-HSC HOSPITALS TOTAL	25	177		327,260.52		18.93	.009		13090.42		17.25
ACCOMMODATIONS	25	177		62,861.27		55.15	.009		2514.45		3.31
ADMINISTRATIVE DAYS	1	13		3,006.90		31.30	.001		3006.90		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	24	164		59,854.37	36	54.97	.009		2493.93		3.16
ANCILLARIES	25	0		264,399.25		.00	.000		10575.97		13.94
INPATIENT CROSSOVERS	221	1,075		162,062.17	1 '	50.76	.057		733.31		8.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	399	2,122		40,836.35	-	L9.24	.112		102.35		2.15
MEDICAL	29	54		1,103.82		20.44	.003		38.06		.06
SURGERY	29	30		1,429.69		17.66	.002		49.30		.08
PATHOLOGY	88	486		4,386.39		9.03	.026		49.85		.23
RADIOLOGY	54	95		8,093.61	8	35.20	.005		149.88		.43
ROOM USE	65	104		5,970.32		57.41	.005		91.85		.31
CROSSOVERS/ALL OTH OUTPTNT		1,353		19,852.52		L4.67	.071		67.99		1.05
@STATE HOSPITAL	4,754	146,606	\$	63,475,135.15		32.96	7.728	Ġ	13351.94	\$	3345.90
MENTALLY ILL	0	0	٧	.00	γ 1.	.00	.000	Y	.00	٧	.00
DEVELOP. DISABLED	4,754	146,606		63,475,135.15	43	32.96	7.728		13351.94		3345.90
@NURSING FACILITY	9,358	272,384	\$	29,265,058.95		7.44			3127.28	\$	
LEV A-INTERMEDIATE	1	272,304	Y	1,606.57		57.38	.001	Y	1606.57	Y	.08
LEV B-REHAB MD	11	335		38,004.43		L3.45	.018		3454.95		2.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	160	5,628		3,021,431.44	5.3	36.86	.297		18883.95		159.27
LEV B-TRANSITIONAL IP CARE	0	0		.00	5.	.00	.000		.00		.00
LEV B-REGULAR	9,192	266,393		26,204,016.51	(98.37	14.042		2850.74		1381.27
@INTERMEDIATE CARE FACILDD	988	30,585	\$	4,549,178.40		18.74		Ġ	4604.43	\$	239.80
ICF DDH	502	15,485	Y	2,040,954.92		31.80	.816	Y	4065.65	Y	107.58
ICF DDN	0	15,405		.00		.00	.000		.00		.00
ICF DDN/DDCN	487	15,100		2,508,223.48	16	56.11	.796		5150.36		132.21
@HEMODIALYSIS TOTAL	96	263	\$	66,252.35		51.91		\$	690.13	\$	3.49
HOSPITAL BASED	0	0	Y	.00	γ Δ.	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	96	263		66,252.35	21	51.91	.014		690.13		3.49
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	369	944	\$	18,010.28	\$ 1	.00 L9.08	.050	Ġ	48.81	Ś	.95
PATHOLOGY	332	886	٧	17,501.35	•	L9.75	.047	Y	52.71	٧	.92
XO AND OTHERS	37	58		508.93	-	8.77	.003		13.75		.03
@ORGANIZED OUTPATIENT CLINIC	832	1,958	\$	89,240.31	\$ 4	15.58	.103	Ġ	107.26	\$	4.70
CLINIC	1	6	Y	124.83		20.81	.000	Y	124.83	Y	.01
SURGICENTER	30	179		6,372.64		35.60	.009		212.42		.34
HEROIN DETOX CLINIC	0	0		.00	_	.00	.000		.00		.00
RURAL HEALTH CLINIC	809	1,773		82,742.84	2	.00 16.67	.093		102.28		4.36
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	'C M					חפר		т	PAGE 17,112
MOP024	FEE-FOR-SERVICE		ויו כו	ONIII-OF-PAIMENT KI	EFORT I	OK UAN	2005 11110	יינע	2003	1	01/29/04
TULARE COUNTY		ICES FOR MN - LON	TC T	FDM CADE _ TOTAI							01/29/04
IODAKE COUNTI	SUMMART OF SERV	ICES FOR MIN - LON	NG I.	ERM CARE - IOIAL			M	רוא	ג מישווג ע דעי	CF	
18,971 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AMERAC	E COST	UNITS/DAY			CE	COST PER
10,571 1111011110	OBLIE	OR DAYS OF CARE		BILL BINDITOKED			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,221	765,907	\$	849,947.14	\$	1.11	40.373		263.88	ď	44.80
DURABLE MED. EQUIP.	362	4,296	4	263,883.01		51.43	.226	Y	728.96	Y	13.91
BLOOD BANK	0	4,290		.00	,	.00	.000		.00		.00
HEARING AID DISPENSERS	53	70		29,255.09	4	.00 L7.93	.004		551.98		1.54
MEDICAL TRANSPORTATION	1,406	38,965		172,739.40	1.	4.43	2.054		122.86		9.11
TIPLOM TRANSFORMATION	1,400	30,203		1,2,132.40		1.10	2.054		122.00		J • ± ±

AMBULANCES/AIR TRANS	217	1,576	27,628.25	1	7.53	.083	127.32	1.46
OTHER TRANS	1,086	36,417	140,939.34		3.87	1.920	129.78	7.43
OTHER SERVICES	173	972	4,171.81		4.29	.051	24.11	.22
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	10	5.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	169	388	4,846.66	1	2.49	.020	28.68	.26
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	162	302	791.14		2.62	.016	4.88	.04
PROSTHETIST/ORTHOTISTS	51	99	6,171.15	6	2.33	.005	121.00	.33
PROSTHETICS	38	78	3,832.94	4	9.14	.004	100.87	.20
ORTHOTICS	13	21	2,338.21	11	1.34	.001	179.86	.12
PSYCHOLOGIST	74	334	1,885.31		5.64	.018	25.48	.10
SPEECH AND AUDIOLOGY	53	107	6,311.70	5	8.99	.006	119.09	.33
HOSPICE SERVICES	67	1,895	183,417.84	9	6.79	.100	2737.58	9.67
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	1,797	6,858.63		3.82	.095	762.07	.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1,133	717,653	173,682.21		.24	37.829	153.29	9.16
@CALIF. CHILDREN SERVICES*	7	93	\$ 3,553.03	\$ 3	8.20	.005	\$ 507.58	\$.19
@XOVER EXCLUDING STATE HOSP**	4,729	322,886	\$ 999,233.80	\$	3.09	17.020	\$ 211.30	\$ 52.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,113 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

10211112 0001111	DOINING OF DER	VICED FOR THE TOTAL INC	11011				
					MON	THLY AVERA	
30,070 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25,854	968,315 \$	37,532,846.18	\$ 38.76	32.202 \$		•
@PHYSICIANS SERVICES	4,899	17,043 \$	•	\$ 19.40	.567 \$		\$ 10.99
OUTPATIENT VISITS	488	687	30,330.26	44.15	.023	62.15	1.01
OFFICE VISITS	372	526	18,556.63	35.28	.017	49.88	.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	139	158	11,721.63	74.19	.005	84.33	.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	52.00	17.33	.000	26.00	.00
INPATIENT VISITS	114	405	17,032.27	42.05	.013	149.41	.57
HOSPITAL VISITS	90	360	15,711.87	43.64	.012	174.58	.52
CRITICAL CARE	2	2	243.20	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	25	43	1,077.20	25.05	.001	43.09	.04
OPHTHALMOLOGICAL SERVICES	34	41	1,790.68	43.68	.001	52.67	.06
EXAMINATIONS	34	41	1,790.68	43.68	.001	52.67	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	45	143	12,075.56	84.44	.005	268.35	.40
PRINCIPAL SURGEON	35	44	9,041.98	205.50	.001	258.34	.30
ASSISTANT SURGEON	2	2	608.34	304.17	.000	304.17	.02
ANESTHESIOLOGIST	14	97	2,425.24	25.00	.003	173.23	.08
OUTPATIENT SURGERY	87	176	30,637.03	174.07	.006	352.15	1.02
PRINCIPAL SURGEON	72	95	28,356.94	298.49	.003	393.85	.94
ASSISTANT SURGEON	1	1	44.31	44.31	.000	44.31	.00
ANESTHESIOLOGIST	18	80	2,235.78	27.95	.003	124.21	.07
DIALYSIS	52	152	17,407.90	114.53	.005	334.77	.58
PATHOLOGY	92	275	1,706.75	6.21	.009	18.55	.06

RADIOLOGY	338	771		25,409.86		32.96	.026	75.18		.85
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION		372		11,166.18		30.02	.012	429.47		.37
OTHER SERVICES/ALL X-OVERS		14,021		183,047.01		13.06	.466	43.48		6.09
@PHARMACY	4,210 21,323	233,438	Ġ	6,437,439.40	Ś	27.58	7.763		ċ.	214.08
PRESCRIPTION DRUGS	21,323	106,982	Ą	6,243,745.98	Ą	58.36	3.558	296.14	Ą	207.64
	8,416					50.64	1.779	321.82		90.07
SNF/ICF		53,481		2,708,467.53				274.31		
OUTPATIENTS	12,888	53,501		3,535,278.45		66.08	1.779			117.57
	2,280	126,456		193,693.42	_	1.53	4.205	84.95	_	6.44
@DENTIST	1,529 1,133	6,035	\$	279,958.93	Ş	46.39	.201		Ş	9.31
VISITS - DIAGNOSTIC	1,133	3,627		55,047.65		15.18	.121	48.59		1.83
ORAL SURGERY	203	620		32,192.75		51.92	.021	158.58		1.07
DRUGS	2 2 7	4		45.00		11.25	.000	22.50		.00
ANESTHESIA	7	7		600.00		85.71	.000	85.71		.02
PERIODONTICS	91	99		11,536.00		116.53	.003	126.77		.38
ENDODONTICS	45	67		13,920.00		207.76	.002	309.33		.46
RESTORATIVE DENTISTRY	1,133 203 2 7 91 45 213	574		46,955.83		81.80	.019	220.45		1.56
PROSTHETICS	6	6		189.00		31.50	.000	31.50		.01
DENTURES, STAYPLATES	380	977		119,472.70		122.29	.032	314.40		3.97
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	45 213 6 380 0 0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	50	54		.00		.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	MONTH-OF-PAYMENT RI	EPORT		2003 THRU D	EC 2003	Ρź	AGE 17,114
MOP024	FEE-FOR-SERVICE						2000 111110 2	20 2000		01/29/04
TULARE COUNTY		ICES FOR MEDICAL	T.Y N	IEEDY - AGED						01/25/01
TODAKE COUNTY	Bornanci Oi Blice	TODO TOTO TIEDECTIE		11022			MO	NTHLY AVERA	GE -	
30,070 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/7	ERAGE COST	UNITS/DAYS		_	COST PER
30,070 1111011111111111111111111111111111	OBLIE	OR DAYS OF CARE		EMI BINDI I OREB			PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	737	1,863	Ġ	34,176.54	\$	18.34	.062			1.14
DIAGNOSTIC AND ANC. PROCED	128	137	Ÿ	6,012.20	Y	43.88	.005	46.97	Ÿ	.20
EYE APPLIANCES	471	1,333		22,899.75		17.18	.044	48.62		.76
OTHER OPTOMETRIC SERVICES	243	393		5,264.59		13.40	.013	21.66		.18
@CHIROPRACTOR	12	18	\$	179.15	\$	9.95	.001		ė.	.18
VISITS	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
	-									
OTHER SERVICES	12 854	18	4	179.15		9.95	.001	14.93		.01
@PODIATRIST		1,484	\$	7,240.23	\$	4.88	.049		Ş	. 24
MEDICINE/INJECTIONS	8	8		244.40		30.55	.000	30.55		.01
SURGERY/ANES.	1	1		13.00		13.00	.000	13.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000	34.60		.00
OTHER	845	1,473		6,948.23		4.72	.049	8.22		.23
@HOME HEALTH AGENCY	8	46	\$	2,880.40	\$	62.62	.002		\$.10
MILDOR ANDOMIDOROM	7			201 51			001		~	Λ1

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NURSE ANESTHESIST

HSC HOSPITALS

ANCILLARIES

MEDICAL

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP INPATIENT TOTAL

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ACCOMMODATIONS

NURSE MIDWIFE

@TOTAL HOSPITAL

324.54

1,458,977.24

1,309,153.44

79,445.48

842,896.45

180,688.00

171,204.70

662,208.45

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SURGERY	40	41	4,009.85	97.80	.001	100.25	.13
PATHOLOGY	231	1,137	12,326.44	10.84	.038	53.36	.41
RADIOLOGY	206	376	23,946.30	63.69	.013	116.24	.80
ROOM USE	163	226	11,185.94	49.50	.008	68.63	.37
CROSSOVERS/ALL OTH OUTPTNT	927	4,738	89,279.41	18.84	.158	96.31	2.97
@COUNTY HOSPITAL TOTAL	8	18 \$	9,909.67	\$ 550.54	.001	\$ 1238.71 \$.33
CO HOSPITAL INPATIENT TOTAL	1	7	9,450.00	1350.00	.000	9450.00	.31
HSC HOSPITALS	1	7	9,450.00	1350.00	.000	9450.00	.31
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

	-		450.65	44 50	000	65 65	2.2
CO HOSP OUTPATIENT TOTAL	./	11	459.67	41.79	.000	65.67	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	396.48	132.16	.000	198.24	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	8	63.19	7.90	.000	12.64	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU D	EC 2003	PAGE 17,115
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICE	S FOR MEDICALLY	NEEDY - AGED				
						NTHLY AVERA	
30,070 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	0	R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,708	9,417 \$	1,449,067.57	\$ 153.88	.313		
COMM HOSP INPATIENT TOTAL	602	2,706	1,299,703.44	480.30	.090	2158.98	43.22
HSC HOSPITALS	18 77 75 3 0 72	65	69,995.48	1076.85	.002	3888.64	2.33
NON-HSC HOSPITALS TOTAL	77	444	842,896.45	1898.42	.015	10946.71	28.03
ACCOMMODATIONS	75	444	180,688.00	406.95	.015	2409.17	6.01
ADMINISTRATIVE DAYS	3	41	9,483.30	231.30	.001	3161.10	.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	72	403	171,204.70	424.83	.013	2377.84	5.69
ANCILLARIES	77	0	662,208.45	.00	.000	8600.11	22.02
INPATIENT CROSSOVERS	507	2,197	386,811.51	176.06	.073	762.94	12.86
ALL OTHER INPATIENT	0	, 0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL		6,711	149,364.13	22.26	.223	127.66	4.97
MEDICAL	109	204	9,075.86	44.49	.007	83.26	.30
SURGERY	40	41	4,009.85	97.80	.001	100.25	.13
PATHOLOGY	231	1,137	12,326.44	10.84	.038	53.36	.41
RADIOLOGY	204	373	23,549.82	63.14	.012	115.44	.78
ROOM USE	163	226	11,185.94	49.50	.008	68.63	.37
CROSSOVERS/ALL OTH OUTPTNT		4,730	89,216.22	18.86	.157	96.76	2.97
OCHARD HOODINAT	2.5	1,065 \$		\$ 406.23		\$ 12360.90	
MENTALLY ILL	0	1,005 \$.00	.00	.000	.00	.00
DEVELOP. DISABLED	25	1,065	432,631.33	406.23	.035	12360.90	14.39
@NURSING FACILITY	35 0 35 9,232 1	263,810 \$		\$ 100.90		\$ 2883.18	
LEV A-INTERMEDIATE	9,232 1	203,610 \$	1,606.57	57.38	.001	1606.57	.05
TEA B DELIND MD	0	0	•			.00	
LEV B-REHAB MD	0	0	.00	.00	.000		.00
LEV B-SUBACUTE FREESTANDING	20	805	.00	.00 564.57	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9 0 9,206 65 54		454,480.06		.027	15671.73	15.11
LEV B-TRANSITIONAL IP CARE	0 206	0	.00	.00	.000	.00	.00
LEV B-REGULAR	9,206	262,977	26,161,429.96	99.48	8.745	2841.78	870.02
@INTERMEDIATE CARE FACILDD	05	1,972 \$	•	\$ 138.56		\$ 4203.70	
ICF DDH	54	1,646	220,038.87	133.68	.055	4074.79	7.32
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	11	326	53,201.38	163.19	.011	4836.49	1.77
@HEMODIALYSIS TOTAL	205	4,233 \$		\$ 55.69		\$ 1149.99	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	205	4,233	235,747.41	55.69	.141	1149.99	7.84
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	393	1,696 \$	19,689.47	\$ 11.61		\$ 50.10	
PATHOLOGY	287	1,510	18,280.31	12.11	.050	63.69	.61
XO AND OTHERS	106	186	1,409.16	7.58	.006	13.29	.05
@ORGANIZED OUTPATIENT CLINIC	2,440	4,150 \$	256,055.46	\$ 61.70		\$ 104.94	
CLINIC	5	88	1,574.04	17.89	.003	314.81	.05
SURGICENTER	65	95	13,451.37	141.59	.003	206.94	.45
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,378	3,967	241,030.05	60.76	.132	101.36	8.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU D	EC 2003	PAGE 17,116

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MO	NTHLY AVERA	GE
30,070 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5,383	422,009 \$	1,146,185.74	\$ 2.72	14.034	\$ 212.93	\$ 38.12
DURABLE MED. EQUIP.	435	3,435	252,037.70	73.37	.114	579.40	8.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	160	233	75,204.08	322.76	.008	470.03	2.50
MEDICAL TRANSPORTATION	1,716	55,016	231,659.50	4.21	1.830	135.00	7.70
AMBULANCES/AIR TRANS	258	1,722	31,833.66	18.49	.057	123.39	1.06
OTHER TRANS	1,332	51,795	193,070.36	3.73	1.722	144.95	6.42
OTHER SERVICES	219	1,499	6,755.48	4.51	.050	30.85	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	196	13,544.00	69.10	.007	1934.86	.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	237	2,096	103,450.99	49.36	.070	436.50	3.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	702	1,652	22,510.66	13.63	.055	32.07	.75
PHYSICAL THERAPIST	1	1	.81	.81	.000	.81	.00
PORTABLE X-RAY	167	313	488.55	1.56	.010	2.93	.02
PROSTHETIST/ORTHOTISTS	76	129	5,726.29	44.39	.004	75.35	.19
PROSTHETICS	63	109	3,539.99	32.48	.004	56.19	.12
ORTHOTICS	13	20	2,186.30	109.32	.001	168.18	.07
PSYCHOLOGIST	29	51	1,296.95	25.43	.002	44.72	.04
SPEECH AND AUDIOLOGY	154	290	23,886.97	82.37	.010	155.11	.79
HOSPICE SERVICES	83	2,227	225,380.84	101.20	.074	2715.43	7.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,256	356,370	190,998.40	.54	11.851	84.66	6.35
@CALIF. CHILDREN SERVICES*	2	2 \$	248.00	\$ 124.00	.000	\$ 124.00	\$.01
@XOVER EXCLUDING STATE HOSP**	9,044	146,830 \$	1,702,117.58	\$ 11.59	4.883	\$ 188.20	\$ 56.61
@* TOTALS IN THESE LINES ARE GIV	AC A CEDARA		ONIT.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,117 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----UNITS OF SERVICE 221 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 379,416.53 52.588 \$ 2258.43 \$ 1716.82 @TOTAL, ALL PROVIDERS 168 11,622 Ś 32.65 38 161 2,953.95 18.35 .729 \$ 77.74 \$ 13.37 @PHYSICIANS SERVICES 9 416.58 46.29 .041 59.51 1.88 OUTPATIENT VISITS OFFICE VISITS 270.10 45.02 .027 67.53 1.22 .00 0 .00 .00 .00 HOME VISITS 0 .000 108.08 108.08 .005 108.08 EMERGENCY ROOM 1 .49 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 38.40 19.20 .009 19.20 .17 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 0 .00 .00 .000 .00 .00 **EXAMINATIONS** SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	2			162.31		81.16	.009		162.31		.73
PRINCIPAL SURGEON	1	2			162.31		81.16	.009		162.31		.73
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	2	2			64.22		32.11	.009		32.11		. 29
RADIOLOGY	4	8			1,216.05		152.01	.036		304.01		5.50
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	28	140			1,094.79		7.82	.633		39.10		4.95
@PHARMACY	105	809	\$		31,519.78	\$	38.96	3.661		300.19	\$	142.62
PRESCRIPTION DRUGS	101	586	·		30,714.59	·	52.41	2.652		304.10		138.98
SNF/ICF	50	340			10,648.18		31.32	1.538		212.96		48.18
OUTPATIENTS	54	246			20,066.41		81.57	1.113		371.60		90.80
MEDICAL SUPPLIES	10	223			805.19		3.61	1.009		80.52		3.64
@DENTIST	7	20	\$		1,384.00	\$	69.20	.090	\$	197.71	\$	6.26
VISITS - DIAGNOSTIC	4	13	·		221.00	·	17.00	.059	•	55.25		1.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	1	1			200.00		200.00	.005		200.00		.90
ENDODONTICS	1	1			330.00		330.00	.005		330.00		1.49
RESTORATIVE DENTISTRY	2	5			633.00		126.60	.023		316.50		2.86
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES	MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 17,118
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	MEDICA	LLY	NEEDY	- BLIND							
									MONT	HLY AVERA	GE.	

TULARE COUNTY	SUMMARY OF SERV	LCES FOR ME	DICALLY	NFFDI - BPIND							
							M	TNC	HLY AVERA	GE	
221 ELIGIBLES	USERS	UNITS OF SE	RVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF	CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		4 S	100.56	\$	25.14	.018	Ġ	100.56	\$.46
DIAGNOSTIC AND ANC. PROCED	_ 1		1 '	47.45	-	47.45	.005	т	47.45	4	.21
EYE APPLIANCES	1		3	53.11		17.70	.014		53.11		.24
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 4	.00	Ś	.00	.000	Ġ		\$.00
VISITS	0		0 Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0								
OTHER SERVICES	0		0	.00		.00	.000	_	.00		.00
@PODIATRIST	6		8 Ş	24.39	\$	3.05		\$	4.07	\$.11
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	6		8	24.39		3.05	.036		4.07		.11
@HOME HEALTH AGENCY	0		0 \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 \$.00	Ś	.00	.000	Ś	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$.00	Ė	.00	.000	Ś	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0 \$.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	10		97 \$	3,951.24	Š	40.73	.439	Š	395.12	Š	17.88
HOSP INPATIENT TOTAL	3		33	2,149.98	٧	65.15	.149	Y	716.66	Y	9.73
HSC HOSPITALS	0	•	7.7	.00		.00	.000		.00		.00
USC UOSETTADS	U		U	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	3		33		2,149.98	65.15	.149	716.66		9.73
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	7		64		1,801.26	28.14	.290	257.32		8.15
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	ĺ		1		136.05	136.05	.005	136.05		.62
PATHOLOGY	_ 5		37		442.41	11.96	.167	88.48		2.00
RADIOLOGY	2		7		684.41	97.77	.032	342.21		3.10
ROOM USE	5		10		476.94	47.69	.045	95.39		2.16
CROSSOVERS/ALL OTH OUTPTNT	2		9		61.45	6.83	.041	30.73		.28
@COUNTY HOSPITAL TOTAL	1		14	\$	378.10	\$ 27.01	.063 \$		Ś	1.71
CO HOSPITAL INPATIENT TOTAL	0		0	Ψ	.00	.00	.000	.00	Υ	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1		14		378.10	27.01	.063	378.10		1.71
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	ĺ		1		136.05	136.05	.005	136.05		.62
PATHOLOGY	1		1		2.90	2.90	.005	2.90		.01
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	ĺ		4		185.97	46.49	.018	185.97		.84
CROSSOVERS/ALL OTH OUTPTNT	1		8		53.18	6.65	.036	53.18		.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	NDITURI	S MO	ONTH-OF-PAYMENT RE				PA	GE 17,119
MOP024	FEE-FOR-SERVICE									01/29/04
TULARE COUNTY	SUMMARY OF SERV		EDICALI	Y NE	EEDY - BLIND					,,
			-				MON	THLY AVERA	GE -	
221 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVERAGE COST		COST PER	_	OST PER
-		OR DAYS O				PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	3	83	\$	3,573.14	\$ 43.05	.376 \$			16.17
COMMUNICATION TANDAMETERS MOMENT	2		2.2	r	0 140 00	65 15	140	71666	т.	0 00

					110	14111111 1141111111	00
221 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	83	\$ 3,573.14	\$ 43.05	.376	\$ 397.02	\$ 16.17
COMM HOSP INPATIENT TOTAL	3	33	2,149.98	65.15	.149	716.66	9.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	33	2,149.98	65.15	.149	716.66	9.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	50	1,423.16	28.46	.226	237.19	6.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	36	439.51	12.21	.163	109.88	1.99
RADIOLOGY	2	7	684.41	97.77	.032	342.21	3.10
ROOM USE	4	6	290.97	48.50	.027	72.74	1.32
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.27	8.27	.005	8.27	.04
@STATE HOSPITAL	12	365	\$ 141,346.36	\$ 387.25	1.652	\$ 11778.86	\$ 639.58
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365	141,346.36	387.25	1.652	11778.86	639.58

@NURSING FACILITY	56	1,356	\$ 143,524.26	\$ 105.84	6.136	\$ 2562.93	\$ 649.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	56	1,356	143,524.26	105.84	6.136	2562.93	649.43
@INTERMEDIATE CARE FACILDD	4	155	\$ 28,307.70	\$ 182.63	.701	\$ 7076.93	\$ 128.09
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	4	155	28,307.70	182.63	.701	7076.93	128.09
@HEMODIALYSIS TOTAL	4	8	\$ 1,602.75	\$ 200.34	.036	\$ 400.69	\$ 7.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	8	1,602.75	200.34	.036	400.69	7.25
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	12 \$	535.01	\$	44.58	.054	\$ 133.75	\$ 2.42
PATHOLOGY	4	12	535.01		44.58	.054	133.75	2.42
XO AND OTHERS	0	0	.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	31 \$	1,073.82	\$	34.64	.140	\$ 67.11	\$ 4.86
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	16	31	1,073.82		34.64	.140	67.11	4.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 17,120
MOP024	FEE-FOR-SERVICE/DENT	'AL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - BLIND					
						M	ONTHLY AVERA	GE

					MON	THLY AVERA	GE
221 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	45	8,596 \$	23,092.71	\$ 2.69	38.896	5 513.17	\$ 104.49
DURABLE MED. EQUIP.	9	46	13,581.63	295.25	.208	1509.07	61.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,590.48	1590.48	.005	1590.48	7.20
MEDICAL TRANSPORTATION	14	353	1,168.56	3.31	1.597	83.47	5.29
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.009	110.71	.50
OTHER TRANS	13	354	1,039.22	2.94	1.602	79.94	4.70
OTHER SERVICES	1	3CR	18.63	6.21CR	.014CR	18.63	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	17	1,546.18	90.95	.077	515.39	7.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	7	85.04	12.15	.032	42.52	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.80	.80	.005	.80	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.005	31.08	.14
SPEECH AND AUDIOLOGY	2	4	187.47	46.87	.018	93.74	.85
HOSPICE SERVICES	2	19	2,557.97	134.63	.086	1278.99	11.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	8,147	2,343.50	.29	36.864	117.18	10.60
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	61	6,519 \$	14,864.44	\$ 2.28	29.498 \$	243.68	\$ 67.26

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,121
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MOI	NTHLY AVERA	AGE	
23,369 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	20,424	1,284,999	\$	86,748,913.46	\$	67.51	54.987	\$ 4247.40	\$	3712.14
@PHYSICIANS SERVICES	4,101	31,271	\$	735,416.94	\$	23.52	1.338	\$ 179.33	\$	31.47
OUTPATIENT VISITS	1,042	1,594		76,269.38		47.85	.068	73.20		3.26
OFFICE VISITS	650	912		31,206.56		34.22	.039	48.01		1.34
HOME VISITS	8	16		645.80		40.36	.001	80.73		.03
EMERGENCY ROOM	380	542		40.733.01		75.15	.023	107.19		1.74

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	24	873.65	36.40	.001	174.73	.04
OTHER OUTPATIENT	65	100	2,810.36	28.10	.004	43.24	.12
INPATIENT VISITS	484	3,067	114,397.53	37.30	.131	236.36	4.90
HOSPITAL VISITS	368	2,497	81,228.63	32.53	.107	220.73	3.48
		· · · · · · · · · · · · · · · · · · ·					
CRITICAL CARE	35	144	16,226.78	112.69	.006	463.62	.69
SNF/ICF/TRANS IP CARE	126	426	16,942.12	39.77	.018	134.46	.72
OPHTHALMOLOGICAL SERVICES	63	110	4,732.76	43.03	.005	75.12	.20
EXAMINATIONS	63	110	4,732.76	43.03	.005	75.12	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	221	1,516	111,310.74	73.42	.065	503.67	4.76
PRINCIPAL SURGEON	181	325	91,514.61	281.58	.014	505.61	3.92
ASSISTANT SURGEON	9	9	1,734.45	192.72	.000	192.72	.07
ANESTHESIOLOGIST	65	1,182	18,061.68	15.28	.051	277.87	.77
OUTPATIENT SURGERY	226	641	75,391.72	117.62	.027	333.59	3.23
	192	274				356.71	2.93
PRINCIPAL SURGEON			68,488.56	249.96	.012		
ASSISTANT SURGEON	1	1	53.24	53.24	.000	53.24	.00
ANESTHESIOLOGIST	46	366	6,849.92	18.72	.016	148.91	.29
DIALYSIS	64	269	22,496.13	83.63	.012	351.50	.96
PATHOLOGY	174	682	10,746.25	15.76	.029	61.76	.46
RADIOLOGY	756	2,525	82,902.52	32.83	.108	109.66	3.55
PSYCHIATRY	4	4	92.88	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	62	2,328	60,338.75	25.92	.100	973.21	2.58
OTHER SERVICES/ALL X-OVERS	2,584	18,535	176,738.28	9.54	.793	68.40	7.56
@PHARMACY	11,399	141,606 \$	4,959,969.18	\$ 35.03	6.060 \$	435.12	
PRESCRIPTION DRUGS	11,186	57,129	4,785,353.67	83.76	2.445	427.80	204.77
			781,229.98				
SNF/ICF	1,630	11,613		67.27	.497	479.28	33.43
OUTPATIENTS	9,627	45,516	4,004,123.69	87.97	1.948	415.93	171.34
MEDICAL SUPPLIES	1,597	84,477	174,615.51	2.07	3.615	109.34	7.47
@DENTIST	998	5,064 \$	205,213.88	\$ 40.52	.217 \$	205.63	
VISITS - DIAGNOSTIC	683	3,024	35,750.62	11.82	.129	52.34	1.53
ORAL SURGERY	164	567	27,549.00	48.59	.024	167.98	1.18
DRUGS	4	6	60.00	10.00	.000	15.00	.00
ANESTHESIA	24	26	2,030.00	78.08	.001	84.58	.09
PERIODONTICS	133	179	23,450.00	131.01	.008	176.32	1.00
ENDODONTICS	54	77	16,114.00	209.27	.003	298.41	.69
RESTORATIVE DENTISTRY	249	705	51,856.00	73.55	.030	208.26	2.22
	3		•	20.00		20.00	.00
PROSTHETICS		3	60.00		.000		
DENTURES, STAYPLATES	122	375	44,784.00	119.42	.016	367.08	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	35	36	3,560.26	98.90	.002	101.72	.15
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	44	66	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 17,122
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY		ICES FOR MEDICALLY	NEEDY - DISABLED				
					MONT	HLY AVERA	TE
23,369 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
23/307 EETGIDEES	OBLIE	OR DAYS OF CARE	DIII DIVDITORED	PER UNIT/DAY		USER	ELIGIBLE
@ODTOMETD I CT	435		24 424 05				\$ 1.05
@OPTOMETRIST		1,158 \$	24,434.95		.050 \$	56.17	
DIAGNOSTIC AND ANC. PROCED	161	163	7,541.44	46.27	.007	46.84	.32
EYE APPLIANCES	308	876	14,644.40	16.72	.037	47.55	.63
OTHER OPTOMETRIC SERVICES	80	119	2,249.11	18.90	.005	28.11	.10
@CHIROPRACTOR	46	105 \$	1,300.29	\$ 12.38	.004 \$	28.27	
VISITS	30	53	877.80	16.56	.002	29.26	.04
OTHER SERVICES	19	52	422.49	8.12	.002	22.24	.02
@PODIATRIST	259	565 \$	6,652.95	\$ 11.78	.024 \$	25.69	\$.28
MEDICINE/INJECTIONS	41	48	1,440.85	30.02	.002	35.14	.06
SURGERY/ANES.	6	6	1,017.52	169.59	.000	169.59	.04
	•	Ğ	_, 002	_ =			

RADIO./PATHOLOGY	6	8		114.20		14.28	.000	19.03		.00
OTHER	218	503		4,080.38		8.11	.022	18.72		.17
@HOME HEALTH AGENCY	154	20,732	\$	574,087.65	\$	27.69	.887	\$ 3727.84	\$	24.57
NURSE ANESTHESIST	13	421	\$	1,385.97	\$	3.29	.018	\$ 106.61	\$.06
NURSE MIDWIFE	0	0	Ė	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	2	Ė	49.52	\$	24.76	.000	\$ 49.52	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,042	20,117	Ġ	5,353,241.49	Ġ	266.11	.861	\$ 2621.57		229.07
HOSP INPATIENT TOTAL		3,954	Ų	4,873,068.37	Ų	1232.44	.169	8519.35	Ÿ	208.53
		645		717,386.00		1112.23	.028	11209.16		30.70
NON UCC UCCDITAL TOTAL	201	2,122		3,942,027.25		1857.69	.028	14028.57		168.69
NON-HSC HOSPITAL TOTAL	201			782,201.35						
ACCOMMODATIONS	2/2	2,122				368.62	.091	2875.74		33.47
ADMINISTRATIVE DAYS	10	68		13,647.86		200.70	.003	1364.79		.58
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	264	2,054		768,553.49		374.17	.088	2911.19		32.89
ANCILLARIES	281	0		3,159,825.90		.00	.000	11244.93		135.21
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	237	1,187		213,655.12		180.00	.051	901.50		9.14
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,598	16,163		480,173.12		29.71	.692	300.48		20.55
		843		35,555.48		42.18	.036	97.41		1.52
SURGERY	160	249		26,695.37		107.21	.011	166.85		1.14
PATHOLOGY	650	4,144		44,862.05		10.83	.177	69.02		1.92
RADIOLOGY	476	1,166		93,261.53		79.98	.050	195.93		3.99
ROOM USE	550	1,239		53,377.24		43.08	.053	97.05		2.28
CROSSOVERS/ALL OTH OUTPTNT	943	8,522		226,421.45		26.57	.365	240.11		9.69
ACOINTY HOCDITAL TOTAL	10	1,177	\$	101,907.43	\$	86.58	.050	\$ 2123.07	\$	4.36
CO HOSPITAL INPATIENT TOTAL	5	81	•	68,387.00	•	844.28	.003	13677.40		2.93
HSC HOSPITALS	5	81		68,387.00		844.28	.003	13677.40		2.93
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	5 5 0 0 0 0 0 0 0 0 44 20	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	Ô		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	Ô		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	44	1,096		33,520.43		30.58	.047	761.83		1.43
MEDICAL	20	36		1,235.94		34.33	.002	61.80		.05
SURGERY	13	77		16,106.30		209.17	.002	1238.95		.69
PATHOLOGY	18	385		3,333.84		8.66	.016	185.21		.14
RADIOLOGY	8	10		531.65		53.17	.000	66.46		.02
	31	117		4,089.47		34.95	.005	131.92		.17
ROOM USE	22	471				17.46	.020	373.78		.35
CROSSOVERS/ALL OTH OUTPTNT				8,223.23					_	
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAYMENT F	KEPOR	T FOR JAN A	2003 THRU .	DEC 2003	Ρ.	AGE 17,123
MOP024	FEE-FOR-SERVICE/		T 37 3	NIEEDY DIGARIED						01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR MEDICAL	тГХ Г	NEEDY - DISABLED			2.6	ONTERES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	aп	
02 260 51 16151 56	Hanna							ONTHLY AVERA		
23,369 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				S COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,004	18,940	\$	5,251,334.06	\$	277.26	.810	\$ 2620.43	\$	224.71
COMM HOSP INPATIENT TOTAL	568	3,873		4,804,681.37		1240.56	.166	8458.95		205.60
HSC HOSPITALS	59	564		648,999.00		1150.71	.024	10999.98		27.77
NON-HSC HOSPITALS TOTAL	281	2,122		3,942,027.25		1857.69	.091	14028.57		168.69
ACCOMMODATIONS	272	2,122		782,201.35		368.62	.091	2875.74		33.47
ADMINISTRATIVE DAYS	10	68		13,647.86		200.70	.003	1364.79		.58
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	264	2,054		768,553.49		374.17	.088	2911.19		32.89
ANCILLARIES	281	0		3,159,825.90		.00	.000	11244.93		135.21
INPATIENT CROSSOVERS	237	1,187		213,655.12		180.00	.051	901.50		9.14
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
11111 0111111 1111111111										

COMM HOSP OUTPATIENT TOTAL	1,562	15,067		446,652.69		29.64	.645		285.95		19.11
MEDICAL	345	807		34,319.54		42.53	.035		99.48		1.47
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	147	172		10,589.07		61.56	.007		72.03		.45
PATHOLOGY	632	3,759		41,528.21		11.05	.161		65.71		1.78
RADIOLOGY	471	1,156		92,729.88		80.22	.049		196.88		3.97
ROOM USE	522	1,122		49,287.77		43.93	.048		94.42		2.11
CROSSOVERS/ALL OTH OUTPTNT	922	8,051		218,198.22		27.10	.345		236.66		9.34
@STATE HOSPITAL	4 710	145,283	\$	62,958,509.46	\$		6.217	\$	13366.99	\$	2694.10
MENTALLY ILL DEVELOP. DISABLED	, 0	0	•	.00		.00	.000	•	.00	•	.00
DEVELOP. DISABLED	4,710	145,283		62,958,509.46		433.35	6.217		13366.99		2694.10
@NURSING FACILITY	1,051	29,652	\$	5,844,882.09	Ġ	197.12	1.269			\$	250.11
LEV A-INTERMEDIATE	1,051 0 11	0	•	.00		.00	.000	•	.00	•	.00
LEV B-REHAB MD	11	335		38,004.43		113.45	.014		3454.95		1.63
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED		5,934		3,191,338.83		537.81	.254		19224.93		136.56
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	881	23,383		2,615,538.83		111.86	1.001		2968.83		111.92
LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	961	29,582	\$	4,446,329.92	Ġ	150.31		Ś	4626.77	Ś	190.27
ICF DDH	453	13,990	-	1,843,397.72	-	131.77	.599	т.	4069.31	т.	78.88
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	509	15,592		2,602,932.20		166.94	.667		5113.82		111.38
@HEMODIALYSIS TOTAL	283	7,981	\$	264,874.78	\$.342	\$		\$	11.33
HOSPITAL BASED	0	0	•	.00		.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	283	7,981		264,874.78		33.19	.342		935.95		11.33
@REHABILITATION FACILITY	10	71	\$	1,362.63	Ġ	19.19	.003	Ś		Ś	.06
HOSPITAL BASED	10	71	-	1,362.63	-	19.19	.003	т.	136.26	т.	.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	751	2,736	\$	45,581.54	\$.117	\$	60.69	\$	1.95
PATHOLOGY	670	2,595	•	44,707.21		17.23	.111	•	66.73	•	1.91
XO AND OTHERS	82	141		874.33		6.20	.006		10.66		.04
@ORGANIZED OUTPATIENT CLINIC	3,145	6,283	\$	476,952.55	Ġ	75.91	.269	\$	151.65	\$	20.41
CLINIC	4	13	-	472.05	-	36.31	.001	т.	118.01	т.	.02
SURGICENTER	69	298		13,409.00		45.00	.013		194.33		.57
HEROIN DETOX CLINIC	2	29		338.44		11.67	.001		169.22		.01
RURAL HEALTH CLINIC	3,084	5,943		462,733.06		77.86	.254		150.04		19.80
#CALIF DEPT OF HEALTH SERV			JRES 1	MONTH-OF-PAYMENT R	EPOR			DEC		Ρ	AGE 17,124
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY		ICES FOR MEDICA	LLY 1	NEEDY - DISABLED							J = 7 = 2 7 2
		·					M	ONT	HLY AVERA	ωGE	
23,369 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVI	ERAGE COST					COST PER

USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,346	842,370 \$	848,667.67	\$ 1.01	36.046 \$	253.64	\$ 36.32
281	2,437	282,692.00	116.00	.104	1006.02	12.10
0	0	.00	.00	.000	.00	.00
44	71	11,825.07	166.55	.003	268.75	.51
587	32,917	147,697.38	4.49	1.409	251.61	6.32
256	4,193	53,172.96	12.68	.179	207.71	2.28
276	27,827	81,544.85	2.93	1.191	295.45	3.49
81	897	12,979.57	14.47	.038	160.24	.56
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	3	315.00	105.00	.000	105.00	.01
38	213	15,085.45	70.82	.009	396.99	.65
0	0	.00	.00	.000	.00	.00
511	1,188	17,302.94	14.56	.051	33.86	.74
0	0	.00	.00	.000	.00	.00
16	35	480.98	13.74	.001	30.06	.02
71	234	13,489.69	57.65	.010	190.00	.58
68	230	13,230.89	57.53	.010	194.57	.57
3	4	258.80	64.70	.000	86.27	.01
	3,346 281 0 44 587 256 276 81 0 0 3 38 0 511 0 16 71	OR DAYS OF CARE 3,346 281 2,437 0 0 44 71 587 32,917 256 4,193 276 27,827 81 897 0 0 0 0 3 3 38 213 0 0 511 1,188 0 0 16 35 71 234	OR DAYS OF CARE 3,346 842,370 0 281 2,437 282,692.00 0 0 0 11,825.07 147,697.38 256 4,193 276 27,827 81,544.85 81 897 12,979.57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 3,346 842,370 \$ 848,667.67 \$ 1.01 281 2,437 282,692.00 0 0 0 0 0 0 116.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY PER ELIG 3,346 842,370 \$ 848,667.67 \$ 1.01 36.046 \$ 281 2,437 282,692.00 116.00 .104 0 0 0 .00 .00 .000 .000 44 71 11,825.07 166.55 .003 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 <	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 3,346 842,370 \$ 848,667.67 \$ 1.01 36.046 \$ 253.64 281 2,437 282,692.00 116.00 .104 1006.02 0 0 .00 .00 .000 .00 44 71 11,825.07 166.55 .003 268.75 587 32,917 147,697.38 4.49 1.409 251.61 256 4,193 53,172.96 12.68 .179 207.71 276 27,827 81,544.85 2.93 1.191 295.45 81 897 12,979.57 14.47 .038 160.24 0 0 .00 .00 .00 .00 3 3 315.00 105.00 .00 .00 38 213 15,085.45 70.82 .009 396.99 0 0 .00 .00 .00 .00 .00 511 <td< td=""></td<>

PSYCHOLOGIST	50	307	2,040.65		6.65	.013	40.81	.09
SPEECH AND AUDIOLOGY	69	260	13,453.61		51.74	.011	194.98	.58
HOSPICE SERVICES	22	459	51,183.47	1	.11.51	.020	2326.52	2.19
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	176	7,505	44,945.71		5.99	.321	255.37	1.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1,808	796,741	248,155.72		.31	34.094	137.25	10.62
@CALIF. CHILDREN SERVICES*	173	24,676	\$ 157,102.46	\$	6.37	1.056	\$ 908.11	\$ 6.72
@XOVER EXCLUDING STATE HOSP**	4,236	247,611	\$ 865,914.57	\$	3.50	10.596	\$ 204.42	\$ 37.05

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,125 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

USERS UNITS OF SERVICE

OR DAYS OF CARE

217,117 ELIGIBLES

TULARE COUNTY	SUMMARY OF SERVIO	CES FOR MEDICALLY I	NEEDY - FAMILIES				
015 115					MON'		
217,117 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	100.064	OR DAYS OF CARE	46 060 000 00	PER UNIT/DAY		USER	ELIGIBLE
	189,964	656,930 \$	46,868,032.22	\$ 71.34	3.026 \$		\$ 215.87
@PHYSICIANS SERVICES	17,010	50,808 \$	3,123,181.62	\$ 61.47	.234 \$		\$ 14.38
OUTPATIENT VISITS	9,746	17,454	717,682.03	41.12	.080	73.64	3.31
OFFICE VISITS	2,576	3,303	124,600.87	37.72	.015	48.37	.57
HOME VISITS	2	3	152.12	50.71	.000	76.06	.00
EMERGENCY ROOM	5,066	5,867	332,780.57	56.72	.027	65.69	1.53
PREVENTIVE CARE	52	52	2,874.51	55.28	.000	55.28	.01
OB VISITS/COMPRE PERI	1,662	7,360	221,102.56	30.04	.034	133.03	1.02
OTHER OUTPATIENT	734	869	36,171.40	41.62	.004	49.28	.17
INPATIENT VISITS	1,796	7,206	619,268.55	85.94	.033	344.80	2.85
HOSPITAL VISITS	1,620	4,783	229,866.18	48.06	.022	141.89	1.06
CRITICAL CARE	235	2,414	389,104.67	161.19	.011	1655.76	1.79
SNF/ICF/TRANS IP CARE	8	9	297.70	33.08	.000	37.21	.00
OPHTHALMOLOGICAL SERVICES	141	173	7,930.11	45.84	.001	56.24	.04
EXAMINATIONS	139	171	7,859.53	45.96	.001	56.54	.04
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	1,984	6,710	1,021,748.96	152.27	.031	514.99	4.71
PRINCIPAL SURGEON	1,428	1,666	864,591.54	518.96	.008	605.46	3.98
ASSISTANT SURGEON	139	143	27,352.82	191.28	.001	196.78	.13
AMESTHESTOLOGIST	635	4,901	129,804.60	26.49	.023	204.42	.60
OUTPATIENT SURGERY	1 303	2,943	248,573.93	84.46	.014	190.77	1.14
PRINCIPAL SURGEON	1,303 1,059 5 355 39	1,350	207,088.23	153.40	.006	195.55	.95
ASSISTANT SURGEON	1,000	5	720.68	144.14	.000	144.14	.00
ANESTHESIOLOGIST	355	1,588	40,765.02	25.67	.007	114.83	.19
DIALYSIS	30	286	12,144.47	42.46	.001	311.40	.06
PATHOLOGY	1,307	2,673	45,496.24	17.02	.012	34.81	.21
	4,864	8,097		31.89	.012	53.08	1.19
RADIOLOGY			258,178.59			155.19	
PSYCHIATRY	1 258	3	155.19	51.73 32.59	.000	121.25	.00 .14
IMMUNIZATION AND INJECTION		960	31,282.49		.004		
OTHER SERVICES/ALL X-OVERS	1,943	4,303	160,721.06	37.35	.020	82.72	.74
@PHARMACY	22,439	78,035 \$	2,611,201.37	\$ 33.46	.359 \$		\$ 12.03 9.32
PRESCRIPTION DRUGS	21,912	47,154	2,022,756.83	42.90	.217	92.31	
SNF/ICF	11	43	2,603.69	60.55	.000	236.70	.01
OUTPATIENTS	21,901	47,111	2,020,153.14	42.88	.217	92.24	9.30
MEDICAL SUPPLIES	1,350	30,881	588,444.54	19.06	.142	435.88	2.71
@DENTIST	27,654 19,084	164,110 \$	5,345,494.19	\$ 32.57	.756 \$	193.30	
VISITS - DIAGNOSTIC	19,084	105,878	1,289,253.91	12.18	.488	67.56	5.94
ORAL SURGERY	4,263	8,891	560,455.05	63.04	.041	131.47	2.58
DRUGS	132	166	2,970.00	17.89	.001	22.50	.01
ANESTHESIA	702	970	66,335.00	68.39	.004	94.49	.31
PERIODONTICS	1,468	1,501	192,042.48	127.94	.007	130.82	.88
ENDODONTICS	2,731	4,568	682,215.70	149.35	.021	249.80	3.14
RESTORATIVE DENTISTRY	10,825	36,530	2,167,021.33	59.32	.168	200.19	9.98
PROSTHETICS	110	124	2,854.00	23.02	.001	25.95	.01
DENTURES, STAYPLATES	408	1,685	125,660.75	74.58	.008	307.99	.58
SPACE MAINTAINERS	238	279	27,799.93	99.64	.001	116.81	.13
MAXILLOFACIAL SERVICES	292	297	34,039.78	114.61	.001	116.57	.16
FRACTURES, DISLOCATIONS	4	7	5,150.00	735.71	.000	1287.50	.02
ORTHODONTIC SERVICES	1,880	2,352	188,196.26	80.02	.011	100.10	.87
ALL OTHER SERVICES	876	862	1,500.00	1.74	.004	1.71	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES I	MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DEG	2003	PAGE 17,126
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY I	NEEDY - FAMILIES				
					MONT	DIII II AIIDD A C	-

----- MONTHLY AVERAGE -----

ELIGIBLE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER

@OPTOMETRIST	928	2,641	\$	65,807.22	\$	24.92	.012	\$	70.91	\$.30
DIAGNOSTIC AND ANC. PROCED	823	830		38,761.64	·	46.70	.004		47.10	•	.18
EYE APPLIANCES	615	1,793		26,748.37		14.92	.008		43.49		.12
OTHER OPTOMETRIC SERVICES	16	_18		297.21		16.51	.000		18.58		.00
@CHIROPRACTOR	486		\$	13,116.84	\$	16.71	.004	\$	26.99	\$.06
VISITS	486	785		13,116.84		16.71	.004		26.99		.06
OTHER SERVICES	0 22	0 50 \$	4	.00 1,829.09	بع	.00 36.58	.000	بع	.00	۲.	.00
@PODIATRIST MEDICINE/INJECTIONS	22	29	\$	1,829.09	Ş	36.00	.000	Ş	83.14 47.46	Ş	.01 .00
SURGERY/ANES.	2	3		412.14		137.38	.000		206.07		.00
RADIO./PATHOLOGY	8	14		157.44		11.25	.000		19.68		.00
OTHER	2	4		215.48		53.87	.000		107.74		.00
@HOME HEALTH AGENCY	151		\$	29,834.36	\$	62.68	.002	\$	197.58	\$.14
NURSE ANESTHESIST	63	319	\$	7,363.23	\$	23.08	.001	\$	116.88	\$.03
NURSE MIDWIFE	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	9 \$	Ş	642.68	Ş	71.41	.000	\$	128.54	\$.00
@TOTAL HOSPITAL	14,044		\$	18,606,331.88	\$	291.92	.294	\$	1324.86 6335.63	\$	85.70
HOSP INPATIENT TOTAL HSC HOSPITALS	2,716 616	12,279 4,421		17,207,561.71 6,931,501.53		1401.38 1567.86	.057 .020		11252.44		79.25 31.93
NON-HSC HOSPITAL TOTAL	2,107	7,754		10,248,718.18		1321.73	.036		4864.13		47.20
ACCOMMODATIONS	2,058	7,754		2,923,711.20		377.06	.036		1420.66		13.47
ADMINISTRATIVE DAYS	2	13		2,835.65		218.13	.000		1417.83		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2,056	7,741		2,920,875.55		377.33	.036		1420.66		13.45
ANCILLARIES	2,106	0		7,325,006.98		.00	.000		3478.16		33.74
INPATIENT CROSSOVERS	7	104		27,342.00		262.90	.000		3906.00		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL MEDICAL	12,017 2,041	51,459 2,988		1,398,770.17 136,951.64		27.18 45.83	.237 .014		116.40 67.10		6.44 .63
SURGERY	774	2,966		43,464.99		47.61	.014		56.16		. 20
PATHOLOGY	5,388	21,257		252,699.17		11.89	.098		46.90		1.16
RADIOLOGY	3,482	4,709		332,975.67		70.71	.022		95.63		1.53
ROOM USE	6,862	8,946		367,243.15		41.05	.041		53.52		1.69
CROSSOVERS/ALL OTH OUTPTNT		12,646		265,435.55		20.99	.058		50.21		1.22
@COUNTY HOSPITAL TOTAL	111	602	\$	384,640.11	\$	638.94	.003		3465.23	\$	1.77
CO HOSPITAL INPATIENT TOTAL		294		373,684.09		1271.03	.001		16247.13		1.72
HSC HOSPITALS	23	294		373,684.09		1271.03	.001		16247.13		1.72
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0 0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ő	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	91	308		10,956.02		35.57	.001		120.40		.05
MEDICAL	17	22		815.12		37.05	.000		47.95		.00
SURGERY	4	5		1,184.15		236.83	.000		296.04		.01
PATHOLOGY	28	95		1,159.96		12.21	.000		41.43		.01
RADIOLOGY ROOM USE	19 32	26 49		2,088.46 1,954.31		80.33 39.88	.000		109.92 61.07		.01 .01
CROSSOVERS/ALL OTH OUTPTNT		111		3,754.02		33.82	.001		83.42		.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S M		EPOR			DEC		PA	GE 17,127
MOP024	FEE-FOR-SERVICE			01.111 01 11111111111 11			2000 111110		2005		01/29/04
TULARE COUNTY		ICES FOR MEDICALLY	Y N	EEDY - FAMILIES							•
							M				
217,117 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		OST PER
OCOMMUNITARY HOODITARY TICTURE	12 020	OR DAYS OF CARE	4	10 001 601 55		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,939	63,136	\$	18,221,691.77	\$	288.61	. 291	Ş	1307.25	Ş	83.93

COMM HOSP INPATIENT TOTAL	2,693	11,985		16,833,877.62		1404.58	.055	625	50.98		77.53
HSC HOSPITALS	593	4,127		6,557,817.44		1589.00	.019		58.71		30.20
NON-HSC HOSPITALS TOTAL	2,107	7,754		10,248,718.18		1321.73	.036		64.13		47.20
ACCOMMODATIONS	2,058	7,754		2,923,711.20		377.06	.036		20.66		13.47
ACCOMMODATIONS ADMINISTRATIVE DAYS	2,030	13		2,835.65		218.13	.000		17.83		.01
	0	0						14.			
TRANSITIONAL IP CARE	_			.00		.00	.000	1.4	.00		.00
ALL OTHER ACCOM	2,056	7,741		2,920,875.55		377.33	.036		20.66		13.45
ANCILLARIES	2,106	0		7,325,006.98		.00	.000		78.16		33.74
INPATIENT CROSSOVERS	7	104		27,342.00		262.90	.000	390	06.00		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11,932	51,151		1,387,814.15		27.13	.236	1.	16.31		6.39
MEDICAL	2,024	2,966		136,136.52		45.90	.014	6	67.26		.63
SURGERY	770	908		42,280.84		46.56	.004	Ţ	54.91		.19
PATHOLOGY	5,362	21,162		251,539.21		11.89	.097		46.91		1.16
RADIOLOGY	3,464	4,683		330,887.21		70.66	.022		95.52		1.52
ROOM USE	6,831	8,897		365,288.84		41.06	.041		53.48		1.68
CROSSOVERS/ALL OTH OUTPTNT	5,243	12,535		261,681.53		20.88	.058		49.91		1.21
@STATE HOSPITAL	2	31	\$	12,356.84	\$	398.61		\$ 61		ė.	.06
	2	31	Ą	•	Ą				78.42	Ą	
MENTALLY ILL				12,356.84		398.61	.000	ОΤ			.06
DEVELOP. DISABLED	0	0	_	.00		.00	.000		.00		.00
@NURSING FACILITY	26	556	\$	125,891.72	\$	226.42	.003	\$ 484	41.99	Ş	.58
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	117		58,070.75		496.33	.001	1451	17.69		.27
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	23	439		67,820.97		154.49	.002	294	48.74		.31
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000			\$.00
ICF DDH	0	0	Υ	.00	τ.	.00	.000	т	.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
- · · · -	45		\$		4			ė 01 <i>1</i>		4	
@HEMODIALYSIS TOTAL	45	1,901	Ş	95,743.84	\$	50.36		\$ 212		Ş	. 44
HOSPITAL BASED		12		11,938.76		994.90	.000		84.69		.05
HEMODIALYSIS CENTER	41	1,889		83,805.08	4.	44.36	.009		44.03	4.	.39
@REHABILITATION FACILITY	79 73	517	\$	15,054.68	\$	29.12	.002		90.57	Ş	.07
HOSPITAL BASED	13	377		12,259.06		32.52	.002		67.93		.06
INDEPENDENT FACILITY	6	140		2,795.62		19.97	.001		65.94		.01
@LABORATORY FACILITY	4,646	12,885	\$	252,663.53	\$	19.61	.059		54.38	\$	1.16
PATHOLOGY	4,636	12,872		251,941.28		19.57	.059		54.34		1.16
XO AND OTHERS	13	13		722.25		55.56	.000	Ţ	55.56		.00
@ORGANIZED OUTPATIENT CLINIC	107,923	166,148	\$	15,331,567.59	\$	92.28	.765		42.06	\$	70.61
CLINIC	31	125	•	3,265.50		26.12	.001		05.34	•	.02
SURGICENTER	42	217		7,500.62		34.57	.001		78.59		.03
HEROIN DETOX CLINIC	6	73		821.54		11.25	.000		36.92		.00
RURAL HEALTH CLINIC	107,856	165,733		15,319,979.93		92.44	.763		42.04		70.56
#CALIF DEPT OF HEALTH SERV			DEC N	MONTH-OF-PAYMENT R	ם חרשים					D.7	AGE 17,128
MOP024	FEE-FOR-SERVICE		KES N	MONTH-OF-PAIMENT R.	EPOR.	I FOR UAIN 2	2003 IRO .	DEC ZU	13	PF	01/29/04
		•	T T 37 3	TERRY ENVIOLEN							01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	ע גיויד	NEEDY - FAMILIES			3.6	ONTENTE 37	317003	aп	
015 115			_				M	-		_	
217,117 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			SER		ELIGIBLE
@ALL OTHER PROVIDERS	30,330	113,921	\$	1,229,951.54	\$	10.80	.525	\$ 4	40.55	\$	5.66
DURABLE MED. EQUIP.	174	528		37,865.22		71.71	.002	2.3	17.62		.17
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	25		461.65		18.47	.000	6	65.95		.00
MEDICAL TRANSPORTATION	941	19,844		260,922.69		13.15	.091		77.28		1.20
AMBULANCES/AIR TRANS	933	18,072		192,983.38		10.68	.083		06.84		.89
OTHER TRANS	6	1,732		3,231.22		1.87	.008		38.54		.01
OTHER SERVICES	41	40		64,708.09		1617.70	.000		78.25		.30
ACUPUNCTURE	9	12		259.50		21.63	.000		28.83		.00
11001 0110101111		12		237.30		21.05	.000	4	.0.05		• 0 0

ADULT DAY HEALTH CARE CTR	1	7	487.06	69.58	.000		487.06	.00
GENETIC DISEASE TESTING	1,385	1,390	143,878.50	103.51	.006		103.88	.66
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	5,476	11,802	114,267.27	9.68	.054		20.87	.53
PHYSICAL THERAPIST	31	136	6,642.17	48.84	.001		214.26	.03
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	492	1,169	73,732.90	63.07	.005		149.86	.34
PROSTHETICS	233	801	40,690.40	50.80	.004		174.64	.19
ORTHOTICS	354	368	33,042.50	89.79	.002		93.34	.15
PSYCHOLOGIST	10	45	2,901.46	64.48	.000		290.15	.01
SPEECH AND AUDIOLOGY	62	147	8,731.34	59.40	.001		140.83	.04
HOSPICE SERVICES	4	103	11,944.39	115.96	.000	:	2986.10	.06
NONINST BIRTHING CENTERS	2	29	251.16	8.66	.000		125.58	.00
LOCAL EDUCATION AGENCIES	22,026	55,532	558,880.76	10.06	.256		25.37	2.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	68	23,152	8,725.47	.38	.107		128.32	.04
@CALIF. CHILDREN SERVICES*	3,767	55,329	\$ 7,491,989.51	\$ 135.41	. 255	\$:	1988.85	\$ 34.51
@XOVER EXCLUDING STATE HOSP**	87	1,073	\$ 48,567.38	\$ 45.26	.005	\$	558.25	\$.22

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01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

TULARE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

----- MONTHLY AVERAGE -----270,777 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @TOTAL, ALL PROVIDERS 236,410 2,921,866 171,529,208.39 Ś 58.71 10.791 \$ 725.56 Ś 633.47 99,283 @PHYSICIANS SERVICES 26,048 4,192,156.01 42.22 .367 \$ 160.94 \$ 15.48 19,744 .073 73.09 OUTPATIENT VISITS 11,283 824,698.25 41.77 3.05 3,602 4,747 174,634.16 36.79 .018 48.48 OFFICE VISITS .64 19 797.92 42.00 .000 79.79 HOME VISITS 10 .00 58.67 EMERGENCY ROOM 5,586 6,568 385,343.29 .024 68.98 1.42 52 52 55.28 .000 .01 2,874.51 55.28 PREVENTIVE CARE 7,384 OB VISITS/COMPRE PERI 1,667 221,976.21 30.06 .027 133.16 .82 39,072.16 OTHER OUTPATIENT 803 974 40.12 .004 48.66 .14 2,394 70.30 10,678 750,698.35 INPATIENT VISITS .039 313.57 2.77 HOSPITAL VISITS 2,078 7,640 326,806.68 42.78 .028 157.27 1.21 272 CRITICAL CARE 2,560 405,574.65 158.43 .009 1491.08 1.50 SNF/ICF/TRANS IP CARE 159 478 18,317.02 38.32 .002 115.20 .07 OPHTHALMOLOGICAL SERVICES 238 324 14,453.55 44.61 .001 60.73 .05 236 **EXAMINATIONS** 322 14,382.97 44.67 .001 60.94 .05 2 70.58 35.29 .000 35.29 SERVICES AND MATERIALS 2 .00 2,250 8,369 1,145,135.26 136.83 .031 508.95 4.23 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON 1,644 2,035 965,148.13 474.27 .008 587.07 3.56 29,695.61 ASSISTANT SURGEON 150 154 192.83 .001 197.97 .11 ANESTHESIOLOGIST 714 6,180 150,291.52 24.32 .023 210.49 .56 OUTPATIENT SURGERY 1,617 3,762 354,764.99 .014 219.40 1.31 1,324 1,721 304,096.04 176.70 229.68 PRINCIPAL SURGEON .006 1.12 ASSISTANT SURGEON 7 116.89 .000 116.89 .00 818.23 ANESTHESIOLOGIST 419 2,034 49,850.72 24.51 .008 118.98 .18 DIALYSIS 155 707 52,048.50 73.62 .003 335.80 .19 1,575 3,632 15.97 .013 36.83 .21 PATHOLOGY 58,013.46 RADIOLOGY 5,962 11,401 367,707.02 32.25 .042 61.68 1.36 5 7 **PSYCHIATRY** 248.07 35.44 .000 49.61 .00 346 3,660 102,787.42 28.08 IMMUNIZATION AND INJECTION .014 297.07 .38 OTHER SERVICES/ALL X-OVERS 8,765 36,999 521,601.14 14.10 .137 59.51 1.93

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

@PHARMACY	55,266	453,888	\$ 14,040,129.73	\$ 30.93	1.676	\$ 254.05	\$ 51.85
PRESCRIPTION DRUGS	54,283	211,851	13,082,571.07	61.75	.782	241.01	48.31
SNF/ICF	10,107	65,477	3,502,949.38	53.50	.242	346.59	12.94
OUTPATIENTS	44,470	146,374	9,579,621.69	65.45	.541	215.42	35.38
MEDICAL SUPPLIES	5,237	242,037	957,558.66	3.96	.894	182.84	3.54
@DENTIST	30,188	175,229	\$ 5,832,051.00	\$ 33.28	.647	\$ 193.19	\$ 21.54
VISITS - DIAGNOSTIC	20,904	112,542	1,380,273.18	12.26	.416	66.03	5.10
ORAL SURGERY	4,630	10,078	620,196.80	61.54	.037	133.95	2.29
DRUGS	138	176	3,075.00	17.47	.001	22.28	.01
ANESTHESIA	733	1,003	68,965.00	68.76	.004	94.09	.25
PERIODONTICS	1,693	1,780	227,228.48	127.66	.007	134.22	.84
ENDODONTICS	2,831	4,713	712,579.70	151.19	.017	251.71	2.63
RESTORATIVE DENTISTRY	11,289	37,814	2,266,466.16	59.94	.140	200.77	8.37
PROSTHETICS	119	133	3,103.00	23.33	.000	26.08	.01
DENTURES, STAYPLATES	910	3,037	289,917.45	95.46	.011	318.59	1.07
SPACE MAINTAINERS	238	279	27,799.93	99.64	.001	116.81	.10

MAXILLOFACIAL SERVICES	327	333	37,600.04	112.91	.001	114.98	.14
FRACTURES, DISLOCATIONS	4	7	5,150.00	735.71	.000	1287.50	.02
ORTHODONTIC SERVICES	1,880	2,352	188,196.26	80.02	.009	100.10	.70
ALL OTHER SERVICES	970	982	1,500.00	1.53	.004	1.55	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 17,130
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

TULARE COUNTY	TEE-FOR-SERVIC	E/DENTAL VICES FOR MEDICAL	.T.V NI	TEDV - TOTAI.							01/29/04
TULARE COUNTY 270,777 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS ADMINISTRATIVE DAYS	SUMMART OF SER	VICES FOR MEDICAL	1111 111	IDI - IOIAL			M	ONT	HLY AVERA	GE	
270,777 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
•		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2,101	5,666	\$	124,519.27	\$	21.98	.021	\$	59.27	\$.46
DIAGNOSTIC AND ANC. PROCED	1,113	1,131		52,362.73 64,345.63 7,810.91 14,596.28 13,994.64 601.64		46.30	.004		47.05		.19
EYE APPLIANCES	1,395	4,005		64,345.63		16.07	.015		46.13		.24
OTHER OPTOMETRIC SERVICES	339	530		7,810.91		14.74	.002		23.04		.03
@CHIROPRACTOR	544	908	\$	14,596.28	\$	16.08	.003	\$	26.83	\$.05
VISITS	516	838		13,994.64		16.70	.003		27.12		.05
OTHER SERVICES	31	70		601.64		8.59	.000		19.41		.00
@PODIATRIST	1,141	2,107	\$	15,746.66	\$	7.47	.008	\$	13.80	\$.06
MEDICINE/INJECTIONS	71	85		14,596.28 13,994.64 601.64 15,746.66 2,729.28 1,442.66 306.24 11,268.48 606,802.41 9,073.74 .00 49.52 642.68 25,422,501.85 23,391,933.50 7,728,333.01 15,033,641.88 3,886,600.55 25,966.81 .00 3,860,633.74 11,147,041.33 629,958.61 .00 2,030,568.35 181,582.98 74,306.26 310,330.07 450,867.91 432,283.27 581,197.86 496,835.31 451,521.09 451,521.09 451,521.09		32.11	.000		38.44		.01
SURGERY/ANES.	9	10		1,442.66		144.27	.000		160.30		.01
RADIO./PATHOLOGY	15	24		306.24		12.76	.000		20.42		.00
OTHER	1,071	1,988		11,268.48		5.67	.007		10.52		.04
@HOME HEALTH AGENCY	313	21,254	\$	606,802.41	\$	28.55	.078	\$	1938.67	\$	2.24
NURSE ANESTHESIST	79	758	\$	9,073.74	\$	11.97	.003	\$	114.86		.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	₹ 1	2	\$	49.52	\$	24.76	.000		49.52	\$.00
FAMILY NURSE PRACTITIONER	5	9	\$	642.68	\$	71.41	.000	\$	128.54	\$.00
@TOTAL HOSPITAL	17,812	93,387	\$	25,422,501.85	\$	272.23	.345	\$	1427.27	\$	
HOSP INPATIENT TOTAL	3,894	18,979		23,391,933.50		1232.52	.070		6007.17		86.39
HSC HOSPITALS	699	5,138		7,728,333.01		1504.15	.019		11056.27		28.54
NON-HSC HOSPITAL TOTAL	2,465	10,320		15,033,641.88		1456.75	.038		6098.84		55.52
ACCOMMODATIONS	2,405	10,320		3,886,600.55		376.61	.038		1616.05		14.35
ADMINISTRATIVE DAYS	15	122		25,966.81		212.84	.000		1731.12		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2,392	10,198		3,860,633.74		378.57	.038		1613.98 4523.96 835.49 .00 137.21 72.20 76.21 49.46 108.23 57.03 81.18 2957.35		14.26
ANCILLARIES	2,464	0		11,147,041.33		.00	.000		4523.96		41.17
INPATIENT CROSSOVERS	754	3,521		629,958.61		178.91	.013		835.49		2.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14,799	74,408		2,030,568.35		27.29	.275		137.21		7.50
MEDICAL	2,515	4,035		181,582.98		45.00	.015		72.20		.67
SURGERY	975	1,204		74,306.26		61.72	.004		76.21		.27
PATHOLOGY	6,274	26,575		310,330.07		11.68	.098		49.46		1.15
RADIOLOGY	4,166	6,258		450,867.91		72.05	.023		108.23		1.67
ROOM USE	7,580	10,421		432,283.27		41.48	.038		57.03		1.60
CROSSOVERS/ALL OTH OUTPTN7	Г 7,159	25,915		581,197.86		22.43	.096		81.18		2.15
@COUNTY HOSPITAL TOTAL	168	1,811	\$	496,835.31	\$	274.34	.007	\$	2957.35	\$	1.83
CO HOSPITAL INPATIENT TOTAL	29	382		451,521.09		1181.99	.001		10009.09		1.67
HSC HOSPITALS	29	382		451,521.09		1181.99	.001		15569.69		1.67
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00 .00 .00 .00 .00 .00 .00 31.71 35.36 209.96 9.35	.000		.00 .00 316.88 55.43 968.14		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00 316.88		.00
CO HOSP OUTPATIENT TOTAL	143	1,429		45,314.22		31.71	.005		316.88		
MEDICAL	37	58		2,051.06		35.36	.000		55.43		.01
SURGERY	18	83		17,426.50		209.96	.000		968.14		.06
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	4.7	481		4,496.70		9.35	.002		95.67		.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,132 MOPO 1/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL ------ MONTHLY AVERAGE ------

270,777 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	C	R DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	39,104	1,386,896	\$	3,247,897.66	\$ 2.34	5.122	\$ 83.06	\$	11.99
DURABLE MED. EQUIP.	899	6,446		586,176.55	90.94	.024	652.03		2.16
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	212	330		89,081.28	269.94	.001	420.19		.33
MEDICAL TRANSPORTATION	3,258	108,130		641,448.13	5.93	.399	196.88		2.37
AMBULANCES/AIR TRANS	1,448	23,989		278,100.71	11.59	.089	192.06		1.03
OTHER TRANS	1,627	81,708		278,885.65	3.41	.302	171.41		1.03
OTHER SERVICES	342	2,433		84,461.77	34.72	.009	246.96		.31
ACUPUNCTURE	9	12		259.50	21.63	.000	28.83		.00
ADULT DAY HEALTH CARE CTR	8	203		14,031.06	69.12	.001	1753.88		.05
GENETIC DISEASE TESTING	1,388	1,393		144,193.50	103.51	.005	103.89		.53
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	278	2,326		120,082.62	51.63	.009	431.95		.44
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	6,691	14,649		154,165.91	10.52	.054	23.04		.57
PHYSICAL THERAPIST	32	137		6,642.98	48.49	.001	207.59		.02
PORTABLE X-RAY	184	349		970.33	2.78	.001	5.27		.00
PROSTHETIST/ORTHOTISTS	639	1,532		92,948.88	60.67	.006	145.46		.34
PROSTHETICS	364	1,140		57,461.28	50.40	.004	157.86		.21
ORTHOTICS	370	392		35,487.60	90.53	.001	95.91		.13
PSYCHOLOGIST	90	404		6,270.14	15.52	.001	69.67		.02
SPEECH AND AUDIOLOGY	287	701		46,259.39	65.99	.003	161.18		.17
HOSPICE SERVICES	111	2,808		291,066.67	103.66	.010	2622.22		1.07
NONINST BIRTHING CENTERS	2	29		251.16	8.66	.000	125.58		.00
LOCAL EDUCATION AGENCIES	22,202	63,037		603,826.47	9.58	.233	27.20		2.23
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	4,152	1,184,410		450,223.09	.38	4.374	108.44		1.66
@CALIF. CHILDREN SERVICES*	3,942	80,007	\$	7,649,339.97	\$ 95.61	.295	\$ 1940.47	\$	28.25
@XOVER EXCLUDING STATE HOSP**	13,428	402,033	\$	2,631,463.97	\$ 6.55	1.485	\$ 195.97	\$	9.72

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,133 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

SUMMARI OF SERV	TCES FOR MIC - NO SOC	U3 U4 ZA 45 4A 4	EV 4M 2V 11 07	OF OM		
				MON'	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
15,230	89,461 \$	4,062,644.17	\$ 45.41	5.007 \$	266.75	\$ 227.38
2,357	6,108 \$	296,577.36	\$ 48.56	.342 \$	125.83	\$ 16.60
1,614	2,539	98,025.64	38.61	.142	60.73	5.49
812	1,014	35,179.51	34.69	.057	43.32	1.97
5	6	333.51	55.59	.000	66.70	.02
575	650	36,186.53	55.67	.036	62.93	2.03
7	7	393.23	56.18	.000	56.18	.02
149	719	20,882.59	29.04	.040	140.15	1.17
134	143	5,050.27	35.32	.008	37.69	.28
169	611	46,654.50	76.36	.034	276.06	2.61
155	448	21,878.68	48.84	.025	141.15	1.22
17	163	24,775.82	152.00	.009	1457.40	1.39
0	0	.00	.00	.000	.00	.00
32	40	1,772.71	44.32	.002	55.40	.10
32	40	1,772.71	44.32	.002	55.40	.10
0	0	.00	.00	.000	.00	.00
105	434	60,342.05	139.04	.024	574.69	3.38
72	105	49,697.63	473.31	.006	690.24	2.78
8	7	1,381.81	197.40	.000	172.73	.08
43	322	9,262.61	28.77	.018	215.41	.52
	USERS 15,230 2,357 1,614 812 5 575 7 149 134 169 155 17 0 32 32 0 105 72 8	USERS UNITS OF SERVICE OR DAYS OF CARE 15,230 89,461 \$ 2,357 6,108 \$ 1,614 2,539 812 1,014 5 6 575 650 7 7 149 719 134 143 169 611 155 448 17 163 0 0 32 40 32 40 32 40 0 0 105 434 72 105 8 7	USERS UNITS OF SERVICE OR DAYS OF CARE 15,230 89,461 \$ 4,062,644.17 2,357 6,108 \$ 296,577.36 1,614 2,539 98,025.64 812 1,014 35,179.51 5 6 333.51 575 650 36,186.53 7 7 7 393.23 149 719 20,882.59 134 143 5,050.27 169 611 46,654.50 155 448 21,878.68 17 163 24,775.82 0 0 0 .00 32 40 1,772.71 32 40 1,772.71 32 40 1,772.71 0 0 0 .00 105 434 60,342.05 72 105 49,697.63 8 7 1,381.81	USERS UNITS OF SERVICE OR DAYS OF CARE 15,230 89,461 \$ 4,062,644.17 \$ 45.41 2,357 6,108 \$ 296,577.36 \$ 48.56 1,614 2,539 98,025.64 38.61 812 1,014 35,179.51 34.69 5 6 333.51 55.59 575 650 36,186.53 55.67 7 7 7 393.23 56.18 149 719 20,882.59 29.04 134 143 5,050.27 35.32 169 611 46,654.50 76.36 155 448 21,878.68 48.84 17 163 24,775.82 152.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY UNITS/DAYS 15,230 89,461 \$ 4,062,644.17 \$ 45.41 5.007 \$ 2,357 6,108 \$ 296,577.36 \$ 48.56 .342 \$ 1,614 2,539 98,025.64 38.61 .142 812 1,014 35,179.51 34.69 .057 5 6 333.51 55.59 .000 575 650 36,186.53 55.67 .036 7 7 393.23 56.18 .000 149 719 20,882.59 29.04 .040 134 143 5,050.27 35.32 .008 169 611 46,654.50 76.36 .034 155 448 21,878.68 48.84 .025 17 163 24,775.82 152.00 .009 0 0 .00 .00 .00 .00 105	USERS UNITS OF SERVICE OR DAYS OF CARE 15,230 89,461 \$ 4,062,644.17 \$ 45.41 5.007 \$ 266.75 2,357 6,108 \$ 296,577.36 \$ 48.56 342 \$ 125.83 1,614 2,539 98,025.64 38.61 .142 60.73 812 1,014 35,179.51 34.69 .057 43.32 5 66.00 36,186.53 55.67 .036 62.93 7 7 7 393.23 56.18 .000 56.18 149 719 20,882.59 29.04 .040 140.15 134 143 5,050.27 35.32 .008 37.69 169 611 46,654.50 76.36 .034 276.06 155 448 21,878.68 48.84 .025 141.15 17 163 24,775.82 152.00 .009 1457.40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

OUTPATIENT SURGERY	154	396	31,169.2		78.71	.022		202.40		1.74
PRINCIPAL SURGEON	130	175	25,929.3		148.17	.010		199.46		1.45
ASSISTANT SURGEON	3	7	994.9		142.13	.000		331.64		.06
ANESTHESIOLOGIST	37	214	4,244.9		19.84	.012		114.73		.24
DIALYSIS	3	4	843.5	3	210.88	.000		281.18		.05
PATHOLOGY	153	428	4,252.9	1	9.94	.024		27.80		.24
RADIOLOGY	535	809	20,913.5	6	25.85	.045		39.09		1.17
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	22	75	2,980.7	8	39.74	.004		135.49		.17
OTHER SERVICES/ALL X-OVERS	331	772	29,622.4	7	38.37	.043		89.49		1.66
@PHARMACY	5,174	17,012 \$	638,502.6	9 \$	37.53	.952	\$	123.41	\$	35.74
PRESCRIPTION DRUGS	5,122	11,501	614,015.4	1	53.39	.644		119.88		34.37
SNF/ICF	7	75	3,819.5	1	50.93	.004		545.64		.21
OUTPATIENTS	5,118	11,426	610,195.9	0	53.40	.640		119.23		34.15
MEDICAL SUPPLIES	177	5,511	24,487.2	8	4.44	.308		138.35		1.37
@DENTIST	1,254	7,392 \$	230,962.4	4 \$	31.24	.414	\$	184.18	\$	12.93
VISITS - DIAGNOSTIC	877	5,005	63,335.83	3	12.65	.280		72.22		3.54
ORAL SURGERY	176	430	37,787.5	4	87.88	.024		214.70		2.11
DRUGS	6	7	115.0	0	16.43	.000		19.17		.01
ANESTHESIA	42	50	4,075.0	0	81.50	.003		97.02		.23
PERIODONTICS	34	35	3,553.0		101.51	.002		104.50		.20
ENDODONTICS	93	156	26,789.0	0	171.72	.009		288.05		1.50
RESTORATIVE DENTISTRY	427	1,430	74,709.5	0	52.24	.080		174.96		4.18
PROSTHETICS	0	0	.0	0	.00	.000		.00		.00
DENTURES, STAYPLATES	1	2	641.2	8	320.64	.000		641.28		.04
SPACE MAINTAINERS	6	7	675.0	0	96.43	.000		112.50		.04
MAXILLOFACIAL SERVICES	11	14	956.2	9	68.31	.001		86.94		.05
FRACTURES, DISLOCATIONS	0	0	.0	0	.00	.000		.00		.00
ORTHODONTIC SERVICES	151	203	18,325.0	0	90.27	.011		121.36		1.03
ALL OTHER SERVICES	40	53	.0		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	3 THRU	DEC	2003	PI	GE 17,134
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04
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								-	THLY AVERA	GE	
17,867 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	EΕ		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	296	797	\$	20,155.15	\$	25.29	.045	\$	68.09	\$	1.13
DIAGNOSTIC AND ANC. PROCED	262	263		12,224.39		46.48	.015		46.66		.68
EYE APPLIANCES	182	528		7,778.10		14.73	.030		42.74		.44
OTHER OPTOMETRIC SERVICES	5	6		152.66		25.44	.000		30.53		.01
@CHIROPRACTOR	21	37	\$	618.64	\$	16.72	.002	\$	29.46	\$.03
VISITS	21	37		618.64		16.72	.002		29.46		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	19	\$	787.48	\$	41.45	.001	\$	87.50	\$.04
MEDICINE/INJECTIONS	7	8		289.61		36.20	.000		41.37		.02
SURGERY/ANES.	1	1		208.86		208.86	.000		208.86		.01
RADIO./PATHOLOGY	4	6		73.53		12.26	.000		18.38		.00
OTHER	2	4		215.48		53.87	.000		107.74		.01
@HOME HEALTH AGENCY	22	2,295	\$	68,498.90	\$	29.85	.128	\$	3113.59	\$	3.83
NURSE ANESTHESIST	3	15	\$	318.59	\$	21.24	.001	\$	106.20	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	7	\$	166.82	\$	23.83	.000	\$	41.71	\$.01
@TOTAL HOSPITAL	1,568	6,109	\$	1,321,832.25	\$	216.37	.342	\$	843.01	\$	73.98
HOSP INPATIENT TOTAL	145	782		1,174,277.60		1501.63	.044		8098.47		65.72
HSC HOSPITALS	52	451		787,027.63		1745.07	.025		15135.15		44.05
NON-HSC HOSPITAL TOTAL	94	320		386,437.97		1207.62	.018		4111.04		21.63
ACCOMMODATIONS	94	320		121,059.74		378.31	.018		1287.87		6.78
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

TULARE COUNTY

ALL OTHER ACCOM	94	320	121,059.74	378.31	.018	1287.87	6.78
ANCILLARIES	94	0	265,378.23	.00	.000	2823.17	14.85
INPATIENT CROSSOVERS	1	11	812.00	73.82	.001	812.00	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,455	5,327	147,554.65	27.70	.298	101.41	8.26
MEDICAL	312	488	20,083.15	41.15	.027	64.37	1.12
SURGERY	94	100	5,193.85	51.94	.006	55.25	. 29
PATHOLOGY	583	2,129	26,569.41	12.48	.119	45.57	1.49
RADIOLOGY	360	441	23,056.87	52.28	.025	64.05	1.29
ROOM USE	884	1,096	45,076.63	41.13	.061	50.99	2.52
CROSSOVERS/ALL OTH OUTPTNT	502	1,073	27,574.74	25.70	.060	54.93	1.54
@COUNTY HOSPITAL TOTAL	13	23	\$ 3,823.02	\$ 166.22	.001	\$ 294.08	\$.21
CO HOSPITAL INPATIENT TOTAL	1	3	3,042.03	1014.01	.000	3042.03	.17
HSC HOSPITALS	1	3	3,042.03	1014.01	.000	3042.03	.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0									
ALL OTHER ACCOM	0			.00		.00	.000		.00		.00
ANCILLARIES	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	20		780.99		9.05	.001		65.08		.04
MEDICAL	3	3		103.90	34	1.63	.000		34.63		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	5		22.90	4	1.58	.000		11.45		.00
RADIOLOGY	3	4		185.81	46	5.45	.000		61.94		.01
ROOM USE	5	6		224.20	35	7.37	.000		44.84		.01
CROSSOVERS/ALL OTH OUTPTNT	2	2		244.18	122	2.09	.000		122.09		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONT	H-OF-PAYMENT I	REPORT FOR	R JAN	2003 THRU	DEC	2003	P.	AGE 17,135
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY		ICES FOR MIC - NO	SOC 0	3 04 2A 45 4A	4K 4M 5K	7т 82	2 8E 8W				,,
1021112 0001111	DOIMERT OF BEILV	1010 1010 1110 110		0 01 211 10 111		, 1 01	M	ONT	HLY AVERA	GE	
17,867 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AMERACI	T COST	UNITS/DAY	-	COST PER	_	COST PER
IT,007 HHIGIDHED	ODLIND	OR DAYS OF CARE		DAI DINDITORED			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,555		\$	1,318,009.23		5.56	.341		847.59		73.77
COMM HOSP INPATIENT TOTAL	144	779	Ÿ	1,171,235.57	1503		.044	Ą	8133.58	Ą	65.55
HSC HOSPITALS	51	448		783,985.60	1749		.025		15372.27		43.88
	94	320							4111.04		21.63
NON-HSC HOSPITALS TOTAL				386,437.97			.018				
ACCOMMODATIONS	94	320		121,059.74	3/8	3.31	.018		1287.87		6.78
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	2.5	.00	.000		.00		.00
ALL OTHER ACCOM	94	320		121,059.74	378	3.31	.018		1287.87		6.78
ANCILLARIES	94	0		265,378.23		.00	.000		2823.17		14.85
INPATIENT CROSSOVERS	1	11		812.00	73	3.82	.001		812.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,443	5,307		146,773.66		7.66	.297		101.71		8.21
MEDICAL	309	485		19,979.25		1.19	.027		64.66		1.12
SURGERY	94	100		5,193.85	51	L.94	.006		55.25		.29
PATHOLOGY	581	2,124		26,546.51	12	2.50	.119		45.69		1.49
RADIOLOGY	357	437		22,871.06	52	2.34	.024		64.06		1.28
ROOM USE	879	1,090		44,852.43	41	1.15	.061		51.03		2.51
CROSSOVERS/ALL OTH OUTPTNT	500	1,071		27,330.56	25	5.52	.060		54.66		1.53
@STATE HOSPITAL	12	374	\$	170,769.68	\$ 456	5.60	.021	\$	14230.81	\$	9.56
MENTALLY ILL	12	374	•	170,769.68		5.60	.021		14230.81		9.56
DEVELOP. DISABLED		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	_	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	~	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
LEV B-REGULAR	U		Ċ	.00	d 101	.00	.000	۲,	.00	۲,	.00
@INTERMEDIATE CARE FACILDD	2		\$	9,250.29	\$ 181	1.38	.003	Ş		\$.52
ICF DDH	Ü	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00	_	.00	.000		.00		.00
ICF DDN/DDCN	2	51		9,250.29		1.38	.003		4625.15		.52
@HEMODIALYSIS TOTAL	2		\$	9,347.34	•	3.72	.022	\$		\$.52
HOCDITAL DACED	0	n		0.0		$\cap \cap$	000		0.0		0.0

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HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC	7,498	10,949 \$	1,145,552.07	\$	104.63	.613 \$	152.78	\$ 64.12
CLINIC	19	47	1,150.75		24.48	.003	60.57	.06
SURGICENTER	11	62	2,142.76		34.56	.003	194.80	.12
HEROIN DETOX CLINIC	1	13	152.63		11.74	.001	152.63	.01
RURAL HEALTH CLINIC	7,469	10,827	1,142,105.93		105.49	.606	152.91	63.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 17,136
MOP024	FEE-FOR-SERVICE/DENT	AL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR MIC - NO	SOC 03 04 2A 45 4A	4K 4M	5K 7T 82	8E 8W		

TODAKE COUNTI	SUMMAN OF SER	VICES FOR MIC -	110 200	OJ UT ZA TJ TA	IN IN JN /1 02			
						MOI	NTHLY AVERA	GE
17,867 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	EΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,026	36,182	\$	119,993.20	\$ 3.32	2.025	\$ 116.95	\$ 6.72
DURABLE MED. EQUIP.	21	148		29,404.09	198.68	.008	1400.19	1.65
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	130	3,108		25,324.45	8.15	.174	194.80	1.42
AMBULANCES/AIR TRANS	129	3,107		23,524.45	7.57	.174	182.36	1.32
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.10
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	135	135		14,011.00	103.79	.008	103.79	.78
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	339	732		6,464.89	8.83	.041	19.07	.36
PHYSICAL THERAPIST	1	1		88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	27	41		3,663.68	89.36	.002	135.69	.21
PROSTHETICS	12	25		2,220.92	88.84	.001	185.08	.12
ORTHOTICS	16	16		1,442.76	90.17	.001	90.17	.08
PSYCHOLOGIST	24	152		8,556.15	56.29	.009	356.51	.48
SPEECH AND AUDIOLOGY	12	28		1,287.37	45.98	.002	107.28	.07
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	320	1,277		13,753.95	10.77	.071	42.98	.77
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	30,560		17,438.93	.57	1.710	484.41	.98
@CALIF. CHILDREN SERVICES*	464	13,839	\$	975,587.30		.775		
@XOVER EXCLUDING STATE HOSP**	1	0	\$	812.00	\$.00	.000	\$ 812.00	\$.05

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,137 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MOI	NTHLY AVERA	GE
205 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	325	1,862	\$ 233,334.26	\$ 125.31	9.083	\$ 717.95	\$ 1138.22
@PHYSICIANS SERVICES	149	457	\$ 25,869.08	\$ 56.61	2.229	\$ 173.62	\$ 126.19
OUTPATIENT VISITS	77	132	6,325.21	47.92	.644	82.15	30.85
OFFICE VISITS	14	15	833.54	55.57	.073	59.54	4.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	53	63	3,915.05	62.14	.307	73.87	19.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	49	1,463.99	29.88	.239	209.14	7.14
OTHER OUTPATIENT	5	5	112.63	22.53	.024	22.53	.55
INPATIENT VISITS	18	36	1,740.43	48.35	.176	96.69	8.49

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	18	36		1,740.43		48.35	.176		96.69		8.49
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		.00		.00	.005		.00		.00
EXAMINATIONS	1	1		.00		.00	.005		.00		.00
	0	0									
SERVICES AND MATERIALS				.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	23	86		7,704.88		89.59	.420		334.99		37.58
PRINCIPAL SURGEON	15	16		5,978.75		373.67	.078		398.58		29.16
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	8	70		1,726.13		24.66	.341		215.77		8.42
OUTPATIENT SURGERY	20	53		5,658.39		106.76	.259		282.92		27.60
PRINCIPAL SURGEON	18	25		4,973.32		198.93	.122		276.30		24.26
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	28		685.07		24.47	.137		228.36		3.34
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	17		443.30		26.08	.083		49.26		2.16
RADIOLOGY	47	105		2,955.39		28.15	.512		62.88		14.42
	0	0				.00					
PSYCHIATRY	_			.00			.000		.00		.00
IMMUNIZATION AND INJECTION	2	4		28.39		7.10	.020		14.20		.14
OTHER SERVICES/ALL X-OVERS	16	23		1,013.09		44.05	.112		63.32		4.94
@PHARMACY	36	73 \$	3	9,303.37	\$	127.44		\$	258.43	\$	45.38
PRESCRIPTION DRUGS	36	73		9,303.37		127.44	.356		258.43		45.38
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	36	73		9,303.37		127.44	.356		258.43		45.38
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	42	251 \$	5	5,305.00	\$	21.14	1.224	\$	126.31	\$	25.88
VISITS - DIAGNOSTIC	30	123		494.00	•	4.02	.600	•	16.47		2.41
ORAL SURGERY	8	20		887.00		44.35	.098		110.88		4.33
DRUGS	1	1		.00		.00	.005		.00		.00
ANESTHESIA	3	2		100.00		50.00	.010		33.33		.49
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	4	5		.00							
ENDODONTICS	19	89				.00	.024		.00		.00
RESTORATIVE DENTISTRY				1,724.00		19.37	.434		90.74		8.41
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	2		.00		.00	.010		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.005		.00		.00
FRACTURES, DISLOCATIONS	1	3		2,100.00		700.00	.015		2100.00		10.24
ORTHODONTIC SERVICES	4	3		.00		.00	.015		.00		.00
ALL OTHER SERVICES	3	2		.00		.00	.010		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 17,138
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC	7			AID CODE	83				
							M	ONT	HLY AVERA	GE	
205 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
200 22101222	32213	OR DAYS OF CARE		2111 2112 1 0 112 2		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4	8 \$	4	230.87	\$	28.86	.039		57.72		1.13
DIAGNOSTIC AND ANC. PROCED	3	3	,	142.35	Ÿ	47.45	.015	Y	47.45	Ÿ	.69
		3									
EYE APPLIANCES	1			53.11		17.70	.015		53.11		. 26
OTHER OPTOMETRIC SERVICES	1	2		35.41		17.71	.010	_	35.41	_	.17
@CHIROPRACTOR	0	0 \$	·	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	Ö	0 \$	5	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000		.00		.00
1.0100 11100101	0	0 9	r	.00	4	.00	.000	4	.00	~	.00

MIDGE MIDWIFE	0	2	4	0.0	4	0.0	000	4	0.0	4	0.0
NURSE MIDWIFE	0	0	\$ \$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	_		Ş	.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	114	554	\$	176,029.03		317.74		\$	1544.11	\$	858.68
HOSP INPATIENT TOTAL	36	128		167,729.11		1310.38	.624		4659.14		818.19
HSC HOSPITALS	13	46		55,979.00		1216.93	.224		4306.08		273.07
NON-HSC HOSPITAL TOTAL	23	82		111,750.11		1362.81	.400		4858.70		545.12
ACCOMMODATIONS	23	82		20,844.84		254.21	.400		906.30		101.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	82		20,844.84		254.21	.400		906.30		101.68
ANCILLARIES	23	0		90,905.27		.00	.000		3952.40		443.44
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	82	426		8,299.92		19.48	2.078		101.22		40.49
MEDICAL	16	21		300.37		14.30	.102		18.77		1.47
	8	9		223.15		24.79	.044		27.89		1.09
SURGERY	39										
PATHOLOGY	39 37	166		1,836.56		11.06	.810		47.09		8.96
RADIOLOGY		55		2,858.87		51.98	. 268		77.27		13.95
ROOM USE	56	68		2,109.98		31.03	.332		37.68		10.29
CROSSOVERS/ALL OTH OUTPTNT		107		970.99		9.07	.522	_	22.58		4.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MOI		EPORT			DEC		P	AGE 17,139
MOP024	FEE-FOR-SERVICE			-							01/29/04
TULARE COUNTY		ICES FOR MIC - SC	C			AID CODE	83				,,
			_				Mo	ONT	HLY AVERA	GE ·	
205 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF	RAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	114		\$	176,029.03		317.74			1544.11		
COMM HOSP INPATIENT TOTAL	36	128	Υ	167,729.11		1310.38	.624	Ψ.	4659.14	Τ.	818.19
HSC HOSPITALS	13	46		55,979.00		1216.93	.224		4306.08		273.07
NON-HSC HOSPITALS TOTAL	23	82		111,750.11		1362.81	.400		4858.70		545.12
ACCOMMODATIONS	23	82		20,844.84		254.21	.400		906.30		101.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	82		20,844.84		254.21	.400		906.30		101.68
ANCILLARIES	23	0		90,905.27		.00	.000		3952.40		443.44
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	82										
		426		8,299.92		19.48	2.078		101.22		40.49
MEDICAL	16	21		300.37		14.30	.102		18.77		1.47
SURGERY PATHOLOGY	8 39	9 166		223.15		24.79	.044		27.89		1.09
PAIROLOGI	39	166		1,836.56		11.06	.810		47.09		8.96

RADIOLOGY	37	55	2,858.87	51.98	.268	77.27	13.95
ROOM USE	56	68	2,109.98	31.03	.332	37.68	10.29
CROSSOVERS/ALL OTH OUTPTNT	43	107	970.99	9.07	.522	22.58	4.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	27	\$	584.03	\$	21.63	.132	\$		\$	2.85
PATHOLOGY	15	27		584.03		21.63	.132		38.94		2.85
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	28	49	\$	5,695.62	\$	116.24	.239	\$	203.42	\$	27.78
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	49		5,695.62		116.24	.239		203.42		27.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	TURES	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 17,140
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MIC -	- SOC			AID CODE	83				
							M	ONT	HLY AVERA	GE -	
205 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	OST PER
	USERS 36 0	OR DAYS OF CA			PER		PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	36	443	\$	10,317.26	\$	23.29	2.161	\$	286.59	\$	50.33
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0	0		.00		.00 .00 22.66 18.43	.000		.00		.00
MEDICAL TRANSPORTATION	24	421		9,541.51		22.66	2.054		397.56		46.54
AMBULANCES/AIR TRANS	24	420		7,741.51		18.43	2.049		322.56		37.76
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.005		1800.00		8.78
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	2	2		210.00		105.00	.010		105.00		1.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2	4		42.72		10.68	.020		21.36		.21
PHYSICAL THERAPIST	1	7		325.27		46.47	.034		325.27		1.59
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	2	4		148.25		37.06	.020		74.13		.72
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	5	5		49.51		9.90	.024		9.90		.24
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	23	515	\$	48,832.94	\$	94.82	2.512		2123.17		238.21
@XOVER EXCLUDING STATE HOSP**		0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 17,141
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04

^{18,072} ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

TULARE COUNTY

OFFICE ALL PROVIDERS	15 555	01 202 #	4 005 050 43	A 45 04	E 052 Å	00.0	å 02F F1
@TOTAL, ALL PROVIDERS	15,555	91,323 \$	4,295,978.43	\$ 47.04	5.053 \$	276.18	
@PHYSICIANS SERVICES	2,506	6,565 \$	322,446.44	\$ 49.12	.363 \$		
OUTPATIENT VISITS	1,691	2,671	104,350.85	39.07	.148	61.71	5.77
OFFICE VISITS	826	1,029	36,013.05	35.00	.057	43.60	1.99
HOME VISITS	5	6	333.51	55.59	.000	66.70	.02
EMERGENCY ROOM	628	713	40,101.58	56.24	.039	63.86	2.22
PREVENTIVE CARE	7	7	393.23	56.18	.000	56.18	.02
OB VISITS/COMPRE PERI	156	768	22,346.58	29.10	.042	143.25	1.24
OTHER OUTPATIENT	139	148	5,162.90	34.88	.008	37.14	.29
INPATIENT VISITS	187	647	48,394.93	74.80	.036	258.80	2.68
HOSPITAL VISITS	173	484	23,619.11	48.80	.027	136.53	1.31
CRITICAL CARE	17	163	24,775.82	152.00	.009	1457.40	1.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	33	41	1,772.71	43.24	.002	53.72	.10
EXAMINATIONS	33	41	1,772.71	43.24	.002	53.72	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	128	520	68,046.93	130.86	.029	531.62	3.77
	87	121	55,676.38	460.14	.023	639.96	3.08
PRINCIPAL SURGEON	8	7		197.40			.08
ASSISTANT SURGEON	8 51		1,381.81		.000	172.73	
ANESTHESIOLOGIST		392	10,988.74	28.03	.022	215.47	.61
OUTPATIENT SURGERY	174	449	36,827.60	82.02	.025	211.65	2.04
PRINCIPAL SURGEON	148	200	30,902.68	154.51	.011	208.80	1.71
ASSISTANT SURGEON	3	7	994.93	142.13	.000	331.64	.06
ANESTHESIOLOGIST	40	242	4,929.99	20.37	.013	123.25	.27
DIALYSIS	3	4	843.53	210.88	.000	281.18	.05
PATHOLOGY	162	445	4,696.21	10.55	.025	28.99	.26
RADIOLOGY	582	914	23,868.95	26.11	.051	41.01	1.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	79	3,009.17	38.09	.004	125.38	.17
OTHER SERVICES/ALL X-OVERS	347 5,210	795	30,635.56	38.54	.044	88.29	1.70
@PHARMACY	5,210	17,085 \$	647,806.06	\$ 37.92	.945 \$	124.34	\$ 35.85
PRESCRIPTION DRUGS	5,158	11,574	623,318.78	53.86	.640	120.85	34.49
SNF/ICF	7	75	3,819.51	50.93	.004	545.64	.21
OUTPATIENTS	5,154	11,499	619,499.27	53.87	.636	120.20	34.28
MEDICAL SUPPLIES	177	5,511	24,487.28	4.44	.305	138.35	1.35
@DENTIST	1,296	7,643 \$	236,267.44	\$ 30.91	.423 \$		
VISITS - DIAGNOSTIC	907	5,128	63,829.83	12.45	.284	70.37	3.53
ORAL SURGERY	184	450	38,674.54	85.94	.025	210.19	2.14
DRUGS	7	8	115.00	14.38	.000	16.43	.01
ANESTHESIA	45	52	4,175.00	80.29	.003	92.78	.23
PERIODONTICS	34	35	3,553.00	101.51	.002	104.50	.20
ENDODONTICS	97	161	26,789.00	166.39	.009	276.18	1.48
RESTORATIVE DENTISTRY	446	1,519	76,433.50	50.32	.084	171.38	4.23
PROSTHETICS	0	1,319		.00	.000	.00	.00
	1	2	.00 641.28	320.64		641.28	
DENTURES, STAYPLATES	7	9			.000		.04
SPACE MAINTAINERS	12	15	675.00	75.00	.000	96.43	.04
MAXILLOFACIAL SERVICES			956.29	63.75	.001	79.69	.05
FRACTURES, DISLOCATIONS	1	3	2,100.00	700.00	.000	2100.00	.12
ORTHODONTIC SERVICES	155	206	18,325.00	88.96	.011	118.23	1.01
ALL OTHER SERVICES	43	55	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 17,142
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY II	NDIGENT - CHILDREN	I - TOTAL			
					MON'		
18,072 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	300	805 \$	20,386.02	\$ 25.32	.045 \$		
DIAGNOSTIC AND ANC. PROCED	265	266	12,366.74	46.49	.015	46.67	.68
EYE APPLIANCES	183	531	7,831.21	14.75	.029	42.79	.43
OTHER OPTOMETRIC SERVICES	6	8	188.07	23.51	.000	31.35	.01

@CHIROPRACTOR	21	37 \$		618.64	\$	16.72	.002	\$	29.46	\$.03
VISITS	21	37		618.64	Y	16.72	.002	Y	29.46	Ÿ	.03
	0	0					.002		.00		.00
OTHER SERVICES	9			.00 787.48	4	.00		۲,		4	
@PODIATRIST	_				\$	41.45	.001	Þ	87.50	\$.04
MEDICINE/INJECTIONS	7	8		289.61		36.20	.000		41.37		.02
SURGERY/ANES.	1	1		208.86		208.86	.000		208.86		.01
RADIO./PATHOLOGY	4	6		73.53		12.26	.000		18.38		.00
OTHER	2	4		215.48		53.87	.000		107.74		.01
@HOME HEALTH AGENCY	22	2,295 \$		68,498.90	\$	29.85		\$	3113.59	\$	3.79
NURSE ANESTHESIST	3	15 \$		318.59	\$	21.24	.001	\$	106.20	\$.02
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	7 \$		166.82	\$	23.83	.000	\$	41.71	\$.01
@TOTAL HOSPITAL	1,682	6,663 \$		1,497,861.28	Ė	224.80	.369	\$	890.52	\$	82.88
HOSP INPATIENT TOTAL	181	910		1,342,006.71		1474.73	.050		7414.40		74.26
HSC HOSPITALS	65	497		843,006.63		1696.19	.028		12969.33		46.65
NON-HSC HOSPITAL TOTAL	117	402		498,188.08		1239.27	.022		4258.02		27.57
ACCOMMODATIONS	117	402		141,904.58		353.00	.022		1212.86		7.85
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	117	402		141,904.58		353.00	.022		1212.86		7.85
ANCILLARIES	117	0		356,283.50		.00	.000		3045.16		19.71
INPATIENT CROSSOVERS	1	11		812.00		73.82	.001		812.00		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,537	5,753		155,854.57		27.09	.318		101.40		8.62
MEDICAL	328	509		20,383.52		40.05	.028		62.14		1.13
SURGERY	102	109		5,417.00		49.70	.006		53.11		.30
PATHOLOGY	622	2,295		28,405.97		12.38	.127		45.67		1.57
RADIOLOGY	397	496		25,915.74		52.25	.027		65.28		1.43
ROOM USE	940	1,164		47,186.61		40.54	.064		50.20		2.61
CROSSOVERS/ALL OTH OUTPTNT	545	1,180		28,545.73		24.19	.065		52.38		1.58
@COUNTY HOSPITAL TOTAL	13	23 \$		3,823.02	\$	166.22	.001	\$	294.08	\$.21
CO HOSPITAL INPATIENT TOTAL	1	3		3,042.03		1014.01	.000		3042.03		.17
HSC HOSPITALS	1	3		3,042.03		1014.01	.000		3042.03		.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ŏ	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	20		780.99		39.05	.001		65.08		.04
MEDICAL	3	3		103.90		34.63	.000		34.63		.01
SURGERY	0	0		.00		.00	.000		.00		.00
	2	5		22.90		4.58	.000		11.45		.00
PATHOLOGY PARIOLOGY	2			185.81		46.45	.000		61.94		.01
RADIOLOGY		4									
ROOM USE	5	6		224.20		37.37	.000		44.84		.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	1.601	244.18		122.09	.000	D = 0	122.09	_	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MON.	TH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003	Р	AGE 17,143
MOP024	FEE-FOR-SERVICE				_						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	IND	IGENT - CHILDREN	И –	TOTAL					
40.000							M				
18,072 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,669	6,640 \$		1,494,038.26	\$	225.01	.367	\$	895.17	\$	82.67
COMM HOSP INPATIENT TOTAL	180	907		1,338,964.68		1476.26	.050		7438.69		74.09
HSC HOSPITALS	64	494		839,964.60		1700.33	.027		13124.45		46.48
NON-HSC HOSPITALS TOTAL	117	402		498,188.08		1239.27	.022		4258.02		27.57
ACCOMMODATIONS	117	402		141,904.58		353.00	.022		1212.86		7.85

				0.0		0.0	000		0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	117	402		141,904.58		353.00	.022		1212.86		7.85
ANCILLARIES	117	0		356,283.50		.00	.000		3045.16		19.71
INPATIENT CROSSOVERS	1	11		812.00		73.82	.001		812.00		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
							.000				
COMM HOSP OUTPATIENT TOTAL	1,525	5,733		155,073.58		27.05	.317		101.69		8.58
MEDICAL	325	506		20,279.62		40.08	.028		62.40		1.12
SURGERY	102	109		5,417.00		49.70	.006		53.11		.30
PATHOLOGY	620	2,290		28,383.07		12.39	.127		45.78		1.57
RADIOLOGY	394	492		25,729.93		52.30	.027		65.30		1.42
ROOM USE	935	1,158		46,962.41		40.55	.064		50.23		2.60
CROSSOVERS/ALL OTH OUTPTNT		1,178		28,301.55		24.03	.065		52.12		1.57
			4		4			4		4	
@STATE HOSPITAL	12	374	\$	170,769.68	\$				14230.81	Ş	9.45
MENTALLY ILL	12	374		170,769.68		456.60	.021		14230.81		9.45
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0			.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	2	51	\$	9,250.29	\$	181.38	.003	\$	4625.15	\$.51
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	2	51		9,250.29		181.38	.003		4625.15		.51
	2	394	بخ	9,347.34	\$	23.72	.022	۲,		۲,	.52
@HEMODIALYSIS TOTAL	2		\$		Ą			Ą		Ą	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	394		9,347.34		23.72	.022		4673.67		.52
@REHABILITATION FACILITY	20	82	\$	2,547.25	\$	31.06		\$		\$.14
HOSPITAL BASED	19	81		2,530.95		31.25	.004		133.21		.14
INDEPENDENT FACILITY	1	1		16.30		16.30	.000		16.30		.00
@LABORATORY FACILITY	622	1,665	\$	27,348.05	\$	16.43	.092	Ġ	43.97	Ġ	1.51
PATHOLOGY	622	1,665	т.	27,348.05	-	16.43	.092	т	43.97	т.	1.51
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7,526	10,998	\$	1,151,247.69	\$	104.68	.609	۲,	152.97	۲,	63.70
			Ą		Ą			Ą		Ą	
CLINIC	19	47		1,150.75		24.48	.003		60.57		.06
SURGICENTER	11	62		2,142.76		34.56	.003		194.80		.12
HEROIN DETOX CLINIC	1	13		152.63		11.74	.001		152.63		.01
RURAL HEALTH CLINIC	7,497	10,876		1,147,801.55		105.54	.602		153.10		63.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES	MONTH-OF-PAYMENT RI	EPOR'	r for jan	2003 THRU	DEC	2003	P	AGE 17,144
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	JICES FOR MEDICA	ALLY	INDIGENT - CHILDREI	N - '	TOTAL					
							M	ONT	HLY AVERA	GE	
18,072 ELIGIBLES	USERS	UNITS OF SERVICE	TF.	EXPENDITURES	Δ77	ERAGE COST	UNITS/DAY				COST PER
10,072 IIICIDIII	OBLIE	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,062	36,625	\$	130,310.46	\$	3.56	2.027		122.70		7.21
	21		Ą		Ą			Ą		Ą	
DURABLE MED. EQUIP.		148		29,404.09		198.68	.008		1400.19		1.63
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	154	3,529		34,865.96		9.88	.195		226.40		1.93
AMBULANCES/AIR TRANS	153	3,527		31,265.96		8.86	.195		204.35		1.73
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	2		3,600.00		1800.00	.000		1800.00		. 20
	0	0					.000				
ACUPUNCTURE				.00		.00			.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	137	137		14,221.00		103.80	.008		103.80		.79
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	341	736	6,507.61	8.84	.041	19.08	.36
PHYSICAL THERAPIST	2	8	413.96	51.75	.000	206.98	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	27	41	3,663.68	89.36	.002	135.69	.20
PROSTHETICS	12	25	2,220.92	88.84	.001	185.08	.12
ORTHOTICS	16	16	1,442.76	90.17	.001	90.17	.08
PSYCHOLOGIST	24	152	8,556.15	56.29	.008	356.51	.47
SPEECH AND AUDIOLOGY	14	32	1,435.62	44.86	.002	102.54	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	325	1,282	13,803.46	10.77	.071	42.47	.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	30,560	17,438.93	.57	1.691	484.41	.96
@CALIF. CHILDREN SERVICES*	487	14,354	\$ 1,024,420.24	\$ 71.37	.794	\$ 2103.53	\$ 56.69

@XOVER EXCLUDING STATE HOSP** 1 0 \$ 812.00 \$.00 .000 \$ 812.00 \$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,145
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

TULARE COUNTY	SUMMARY OF SERV	/ICES FOR MIA - N	5 SOC	- AID PAID PENDI	ING AID CODE			~-	
						MON'			
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0							
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	U	U		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
PRESCRIPTION DRUGS	0	0	٧	.00	.00	.000	.00	Y	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
	0	0			.00	.000	.00		
MEDICAL SUPPLIES	0	0	d	.00				4	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	~		.00	.00	.000	.00		
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	U	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
e O DEIOMEIED I CEI	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
	0					.00	
@HOME HEALTH AGENCY	0	0 \$.00		.000 \$		\$.00
NURSE ANESTHESIST	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	Ü	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0					
MEDICAL	U	0	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	Ō	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV M	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 17,147

MOP024 TULARE COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

TODAKE COONTI	BOTHMICT OF BLICV	Tells for Mill No boc	MID IMID I HND	ING THE CODE	MONTE	HIY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ô	0	.00	.00	.000	.00	.00
PATHOLOGY	Ô	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0 \$.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0 Ş	.00	.00	.000 \$.00	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0				.00	
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0	.00	.00	.000		.00
	0	0 6	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	•
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	U	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	Ü	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	U	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$		\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 17,148
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SOC	- AID PAID PENDI	ING AID CODE			
					MONTE		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEDARATE T	NEORMATION ITEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,149
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86	

	MONTHLY AVERAGE							GE
2,120 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,337	14,300	\$	1,755,399.08	\$ 122.76	6.745	\$ 751.13	\$ 828.02
@PHYSICIANS SERVICES	826	4,168	\$	207,985.49	\$ 49.90	1.966	\$ 251.80	\$ 98.11
OUTPATIENT VISITS	460	2,111		59,448.48	28.16	.996	129.24	28.04
OFFICE VISITS	70	95		4,120.42	43.37	.045	58.86	1.94
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	115	135		8,009.17	59.33	.064	69.64	3.78
PREVENTIVE CARE	5	5		320.25	64.05	.002	64.05	.15
OB VISITS/COMPRE PERI	319	1,874		46,926.06	25.04	.884	147.10	22.13
OTHER OUTPATIENT	2	2		72.58	36.29	.001	36.29	.03
INPATIENT VISITS	111	463		36,625.97	79.11	.218	329.96	17.28
HOSPITAL VISITS	95	274		11,746.71	42.87	.129	123.65	5.54
CRITICAL CARE	18	189		24,879.26	131.64	.089	1382.18	11.74
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.000	57.79	.03
EXAMINATIONS	1	1		57.79	57.79	.000	57.79	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	170	603		78,025.77	129.40	.284	458.98	36.80
PRINCIPAL SURGEON	117	121		63,593.67	525.57	.057	543.54	30.00
ASSISTANT SURGEON	14	14		2,564.38	183.17	.007	183.17	1.21
ANESTHESIOLOGIST	62	468		11,867.72	25.36	.221	191.41	5.60
OUTPATIENT SURGERY	78	157		10,390.53	66.18	.074	133.21	4.90
PRINCIPAL SURGEON	66	95		8,567.84	90.19	.045	129.82	4.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	62		1,822.69	29.40	.029	62.85	.86

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	120	293	4,307.84	14.70	.138	35.90	2.03
RADIOLOGY	228	381	14,295.78	37.52	.180	62.70	6.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	42	1,056.33	25.15	.020	34.08	.50
OTHER SERVICES/ALL X-OVERS	63	117	3,777.00	32.28	.055	59.95	1.78
@PHARMACY	599	1,409	\$ 44,883.85	\$ 31.86	.665	\$ 74.93	\$ 21.17
PRESCRIPTION DRUGS	585	1,228	39,164.91	31.89	.579	66.95	18.47
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	585	1,228	39,164.91	31.89	.579	66.95	18.47
MEDICAL SUPPLIES	45	181	5,718.94	31.60	.085	127.09	2.70
@DENTIST	86	452	\$ 17,165.68	\$ 37.98	.213	\$ 199.60	\$ 8.10
VISITS - DIAGNOSTIC	72	289	4,340.68	15.02	.136	60.29	2.05
ORAL SURGERY	23	35	3,161.00	90.31	.017	137.43	1.49
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.05

PERIODONTICS	8	8	588.00	73.50	.004	73.50	.28
ENDODONTICS	5	11	3,270.00	297.27	.005	654.00	1.54
RESTORATIVE DENTISTRY	29	105	5,706.00	54.34	.050	196.76	2.69
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 17,150
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES E	FOR MIA - NO SO	C - PREGNANT	AID CODE	86		
					MONT	HLY AVERAG	E

TULARE COUNTY	SUMMARY OF SERVICE	S FOR MIA - N	0 SOC -	PREGNANT		AID CODE	86				
							M	TNO	THLY AVERA	GE	
2,120 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	7/1/2	יסאכד כספיד	UNITS/DAY			_	COST PER
Z,IZU EDIGIBLES				EXPENDITORES							
		R DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	26	78	\$	1,925.70	\$	24.69	.037	\$	74.07	\$.91
DIAGNOSTIC AND ANC. PROCED	25	25	•	1,186.25		47.45	.012	•	47.45	•	.56
				•							
EYE APPLIANCES	19	53		739.45		13.95	.025		38.92		.35
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	9	15	\$	250.80	\$	16.72	.007	Ś	27.87	Ś	.12
	9	15	т	250.80	т.	16.72	.007	т.	27.87	т	.12
A19119	9										
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	51.00	\$	51.00	.000	\$	51.00	\$.02
MEDICINE/INJECTIONS	1	1	•	51.00	•	51.00	.000		51.00		.02
GIDGEDY /ANEG	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	Ü										
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	7	20	Ċ	1,317.06	\$	65.85	.009	Ġ	188.15	\$.62
WINDS AND STREET	,	20	ې ب								
NURSE ANESTHESIST	6	23	Ş	507.14	\$	22.05	.011		84.52	\$.24
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	9 0 1 1 0 0 0 7 6 0	0	ġ	.00	\$.00	.000		.00	Ġ	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00
	· ·	· ·	Ş.			.00	.000	\$.00	\$	
@TOTAL HOSPITAL	666	3,139	\$	1,128,735.97	\$	359.58		\$	1694.80	\$	532.42
HOSP INPATIENT TOTAL	192	930		1,081,113.09		1162.49	.439		5630.80		509.96
HSC HOSPITALS	23	278		396,230.11		1425.29	.131		17227.40		186.90
NON-HSC HOSPITAL TOTAL	172	652		684,882.98		1050.43	.308		3981.88		323.06
ACCOMMODATIONS	167	652		258,289.12		396.15	.308		1546.64		121.83
ADMINISTRATIVE DAYS	1	6		1,387.80		231.30	.003		1387.80		.65
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	167	646		256,901.32		397.68	.305		1538.33		121.18
ANCILLARIES	172	0		426,593.86		.00	.000		2480.20		201.22
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	F 2 2	•									
HOSP OUTPATIENT TOTAL	533	2,209		47,622.88		21.56	1.042		89.35		22.46
MEDICAL	42	68		2,512.28		36.95	.032		59.82		1.19
SURGERY	27	32		901.59		28.17	.015		33.39		.43
PATHOLOGY	322	1,188		15,420.24		12.98	.560		47.89		7.27
RADIOLOGY	103	117		8,443.99		72.17	.055		81.98		3.98
ROOM USE	228	307		13,121.69		42.74	.145		57.55		6.19
CROSSOVERS/ALL OTH OUTPTNT	211	497		7,223.09		14.53	.234		34.23		3.41
@COUNTY HOSPITAL TOTAL	8	109	ė.	71,730.84	\$			۲,	8966.36	۲,	33.84
	_		P							Ą	
CO HOSPITAL INPATIENT TOTAL	2	52		70,200.00		1350.00	.025		35100.00		33.11
HSC HOSPITALS	2	52		70,200.00		1350.00	.025		35100.00		33.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00							
ACCOMMODATIONS	U	U				.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	n		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	U	U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS										
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
CO HOSP OUTPATIENT TOTAL 7		0								
NUMBRICAL 2 3		0	_							
SURGERY 0		7	- :							
PATHOLOGY		2								
RADIOLOGY	SURGERY	0								
ROOM USE CROSSOVERS/ALL OTH OUTPINT 2 3 110.74 36.91 0.01 55.264 1.5	PATHOLOGY	6								
#CALIF DEPT OF HEALTH SERV MPD1-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,151 01/29/04 TULARE COUNTY MEDI-CAL SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86 MONTHLY AVERAGE 2,120 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNITS/DAYS PER ELIG USER COST PER COST PER COMMUNITY HOSPITAL TOTAL 658 3,030 \$ 1,057,005.13 \$ 348.85 \$ 1.429 \$ 1606.39 \$ 498.59 \$ 1.000 \$	RADIOLOGY	2				193.25	.001	289.87		.27
#CALIF DEPT OF HEALTH SERV MODI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17.151 MODO 24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT **TULARE** COUNTY** **TULARE** COUNTY** **PRECOUNTY**	ROOM USE	6	9		315.85	35.09	.004	52.64		.15
MOPD24	CROSSOVERS/ALL OTH OUTPTNT	2	3		110.74	36.91	.001	55.37		.05
TULARE COUNTY	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DE	C 2003	P.	AGE 17,151
COMMUNITY HOSPITAL TOTAL 658 3,030 1,057,005.13 348.85 1.429 1606.39 498.59 1606.39 1,057,005.13 1,057,0	MOP024	FEE-FOR-SERVICE	C/DENTAL							01/29/04
COMMUNITY HOSPITAL TOTAL 658 3,030 \$ 1,057,005.13 \$ 348.85 1.42 \$ 1606.39 \$ 498.59 \$ COMM HOSP INPATIENT TOTAL 190 878 1,010,913.09 1151.38 .414 5320.60 476.85 1.65	TULARE COUNTY	SUMMARY OF SERV	VICES FOR MIA - N	o soc	- PREGNANT	AID CODE	86			
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE							MON'	THLY AVERA	GE	
### COMMINITY HOSPITAL TOTAL 658 3,030 \$ 1,057,005.13 \$ 348.85 1.429 \$ 1606.39 \$ 498.59 \$ COMM HOSP INPATIENT TOTAL 190 878 1,010,913.09 1151.38 .414 5320.60 476.85 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 498.59 1.429 \$ 1606.39 \$ 496.59 1.429 \$ 1606.39 \$ 496.59 1.429 \$ 1606.39 \$ 1655.79 1.429 \$ 1606.39 \$ 1657.79 1.429 1.	2,120 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
COMM HOSP INPATIENT TOTAL 190 878			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	:	ELIGIBLE
HSC HOSPITALS 21 226 326,030.11 1442.61 .107 15525.24 153.79 NNN-HSC HOSPITALS TOTAL 172 652 684,882.98 1050.43 .308 3981.88 323.06 ACCOMMODATIONS 167 652 258,289.12 396.15 .308 1546.64 121.83 ADMINISTRATIVE DAYS 1 6 1 6 1,387.80 231.30 .003 1387.80 .65 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .000 .000 .000 .000	@COMMUNITY HOSPITAL TOTAL	658	3,030	\$	1,057,005.13	\$ 348.85	1.429 \$	1606.39	\$	498.59
NON-HSC HOSPITALS TOTAL 172 652 684,882.98 1050.43 .308 3981.88 323.06 ACCOMMODATIONS 167 652 258,289.12 396.15 .308 1546.64 121.83 ADMINISTRATIVE DAYS 1 66 1,387.80 231.30 .003 1387.80 .65 TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	COMM HOSP INPATIENT TOTAL	190	878		1,010,913.09	1151.38	.414	5320.60		476.85
ACCOMMODATIONS 167 652 258,289.12 396.15 3.08 1546.64 121.83 ADMINISTRATIVE DAYS 1 6 1,387.80 231.30 .003 1387.80 .65 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	21	226		326,030.11	1442.61	.107	15525.24		153.79
ADMINISTRATIVE DAYS 1 6 1,387.80 231.30 .003 1387.80 .65 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 167 646 256,901.32 397.68 .305 1538.33 121.18 ANCILLARIES 172 0 426,593.86 .00 .000 .2480.20 201.22 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 526 2,152 46,092.04 21.42 1.015 87.63 21.74 MEDICAL 40 65 2,365.11 36.39 .031 59.13 1.12 SURGERY 27 32 901.59 28.17 .015 33.39 .43 PATHOLOGY 316 1,149 15,042.90 13.09 .542 47.60 7.10 RADIOLOGY 101 114 7,864.25 68.98 .054 77.86 3.71 ROOM USE 222 298 12,805.84 42.97 .141 57.68 6.04 CROSSOVERS/ALL OTH OUTPTNT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 0 \$.00 \$.00 .00 \$.00 MENTALLY ILL 0 0 0 0 .00 \$.00 .00 \$.00 @NURSING FACILITY 0 0 0 \$.00 \$.00 \$.00 \$.00 @NURSING FACILITY	NON-HSC HOSPITALS TOTAL	172	652		684,882.98	1050.43	.308	3981.88		323.06
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	167	652		258,289.12	396.15	.308	1546.64		121.83
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	1	6			231.30	.003	1387.80		.65
ANCILLARIES 172 0 426,593.86 .00 .000 2480.20 201.22 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0	TRANSITIONAL IP CARE	0	0				.000	.00		
INPATIENT CROSSOVERS 0	ALL OTHER ACCOM	167	646		256,901.32	397.68	.305	1538.33		121.18
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	172	0		426,593.86	.00	.000	2480.20		201.22
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL 526 2,152 46,092.04 21.42 1.015 87.63 21.74 MEDICAL 40 65 2,365.11 36.39 .031 59.13 1.12 SURGERY 27 32 901.59 28.17 .015 33.39 .43 PATHOLOGY 316 1,149 15,042.90 13.09 .542 47.60 7.10 RADIOLOGY 101 114 7,864.25 68.98 .054 77.86 3.71 ROOM USE 222 298 12,805.84 42.97 .141 57.68 6.04 CROSSOVERS/ALL OTH OUTPTNT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 \$.00 \$.00	ALL OTHER INPATIENT	0	0							
MEDICAL 40 65 2,365.11 36.39 .031 59.13 1.12 SURGERY 27 32 901.59 28.17 .015 33.39 .43 PATHOLOGY 316 1,149 15,042.90 13.09 .542 47.60 7.10 RADIOLOGY 101 114 7,864.25 68.98 .054 77.86 3.71 ROOM USE 22 298 12,805.84 42.97 .141 57.68 6.04 CROSSOVERS/ALL OTH OUTPTNT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 \$.00	COMM HOSP OUTPATIENT TOTAL	526	2,152		46,092.04	21.42				21.74
SURGERY 27 32 901.59 28.17 .015 33.39 .43 PATHOLOGY 316 1,149 15,042.90 13.09 .542 47.60 7.10 RADIOLOGY 101 114 7,864.25 68.98 .054 77.86 3.71 ROOM USE 222 298 12,805.84 42.97 .141 57.68 6.04 CROSSOVERS/ALL OTH OUTPTNT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	MEDICAL	40				36.39		59.13		1.12
RADIOLOGY 101 114 7,864.25 68.98 .054 77.86 3.71 ROOM USE 222 298 12,805.84 42.97 .141 57.68 6.04 CROSSOVERS/ALL OTH OUTPTNT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$ MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 \$.00 \$.00 .00 .00 .00 .00 @NURSING FACILITY 0 0 \$.00	SURGERY	27	32			28.17	.015	33.39		.43
RADIOLOGY 101 114 7,864.25 68.98 .054 77.86 3.71 ROOM USE 222 298 12,805.84 42.97 .141 57.68 6.04 CROSSOVERS/ALL OTH OUTPTNT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$ MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 \$.00 \$.00 .00 .00 .00 .00 @NURSING FACILITY 0 0 \$.00	PATHOLOGY	316	1,149		15,042.90	13.09	.542	47.60		7.10
ROOM USE 222 298 12,805.84 42.97 .141 57.68 6.04 CROSSOVERS/ALL OTH OUTPTNT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 \$.00 \$ MENTALLY ILL 0 0 0 .00<	RADIOLOGY	101						77.86		3.71
CROSSOVERS/ALL OTH OUTPINT 209 494 7,112.35 14.40 .233 34.03 3.35 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	ROOM USE	222	298			42.97	.141	57.68		6.04
@STATE HOSPITAL 0 0 \$.00 \$.00 .00 \$.00 \$.00 .	CROSSOVERS/ALL OTH OUTPTNT	209	494					34.03		3.35
MENTALLY ILL 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 0 \$.00 \$.00 .00 \$.00				\$					Ś	
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0	т					т	
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00		0								
***************************************				Ś					Ś	
100 A = 1 N 1 D T M 1	LEV A-INTERMEDIATE	0	0	τ.	.00	.00	.000	.00	~	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00		0								

TRANSTITONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	646	256,901.32	397.68	.305	1538.33	121.18
ANCILLARIES	172	0	426,593.86	.00	.000	2480.20	201.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	526	2,152	46,092.04	21.42	1.015	87.63	21.74
MEDICAL	40	65	2,365.11	36.39	.031	59.13	1.12
SURGERY	27	32	901.59	28.17	.015	33.39	.43
PATHOLOGY	316	1,149	15,042.90	13.09	.542	47.60	7.10
RADIOLOGY	101	114	7,864.25	68.98	.054	77.86	3.71
ROOM USE	222	298	12,805.84	42.97	.141	57.68	6.04
CROSSOVERS/ALL OTH OUTPINT	209	494	7,112.35	14.40	.233	34.03	3.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	364	849	\$ 16,571.30	\$ 19.52	.400	\$ 45.53	\$ 7.82
PATHOLOGY	363	848	16,511.80	19.47	.400	45.49	7.79
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.03
@ORGANIZED OUTPATIENT CLINIC	1,170	2,527	\$ 305,158.81	\$ 120.76	1.192	\$ 260.82	\$ 143.94
CLINIC	5	24	404.49	16.85	.011	80.90	.19
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 1,165 2,503 304,754.32 121.76 1.181 261.59 143.75 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,152 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MONIBULIA ALIBOAGE

TULARE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

								Mo	TNC	HLY AVERA	.GE	
2,120 ELIGIBLES	USERS UN	IITS OF SERVICE	Ξ	EX	PENDITURES	AVI	ERAGE COST	UNITS/DAY:	3	COST PER		COST PER
	(R DAYS OF CARE	Ξ			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	219	1,619	\$		30,846.28	\$	19.05	.764	\$	140.85	\$	14.55
DURABLE MED. EQUIP.	5	5			259.15		51.83	.002		51.83		.12
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	36	944			14,078.34		14.91	.445		391.07		6.64
AMBULANCES/AIR TRANS	36	942			11,003.34		11.68	.444		305.65		5.19
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	2	2			3,075.00		1537.50	.001		1537.50		1.45
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	112	112			11,657.50		104.08	.053		104.08		5.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	37	89			798.30		8.97	.042		21.58		.38
PHYSICAL THERAPIST	3	3			236.34		78.78	.001		78.78		.11
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	32	59			3,379.30		57.28	.028		105.60		1.59
PROSTHETICS	11	33			1,154.42		34.98	.016		104.95		.54
ORTHOTICS	25	26			2,224.88		85.57	.012		89.00		1.05
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	3	407			437.35		1.07	.192		145.78		.21
@CALIF. CHILDREN SERVICES*	31	976	\$		286,768.29	\$	293.82	.460	\$	9250.59	\$	135.27
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARATE	INFORMATION I	ITEM (ONLY;								

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,153 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

1021112 0001111	DOIMENT OF DEED	11010 1010 11111 110 000	10111				
					MO	NTHLY AVERA	GE
2,120 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,337	14,300 \$	1,755,399.08	\$ 122.76	6.745	\$ 751.13	\$ 828.02
@PHYSICIANS SERVICES	826	4,168 \$	207,985.49	\$ 49.90	1.966	\$ 251.80	\$ 98.11
OUTPATIENT VISITS	460	2,111	59,448.48	28.16	.996	129.24	28.04
OFFICE VISITS	70	95	4,120.42	43.37	.045	58.86	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	115	135	8,009.17	59.33	.064	69.64	3.78
PREVENTIVE CARE	5	5	320.25	64.05	.002	64.05	.15
OB VISITS/COMPRE PERI	319	1,874	46,926.06	25.04	.884	147.10	22.13
OTHER OUTPATIENT	2	2	72.58	36.29	.001	36.29	.03
INPATIENT VISITS	111	463	36,625.97	79.11	.218	329.96	17.28
HOSPITAL VISITS	95	274	11,746.71	42.87	.129	123.65	5.54
CRITICAL CARE	18	189	24,879.26	131.64	.089	1382.18	11.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.03

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	1	1		57.79	5	7.79	.000		57.79		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	170	603		78,025.77	12	9.40	.284		458.98		36.80
PRINCIPAL SURGEON	117	121		63,593.67	52	5.57	.057		543.54		30.00
ASSISTANT SURGEON	14	14		2,564.38		3.17	.007		183.17		1.21
ANESTHESIOLOGIST	62	468		11,867.72	2	5.36	.221		191.41		5.60
OUTPATIENT SURGERY	78	157		10,390.53		5.18	.074		133.21		4.90
PRINCIPAL SURGEON	66	95		8,567.84		0.19	.045		129.82		4.04
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	29	62		1,822.69	2	9.40	.029		62.85		.86
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	120	293		4,307.84	1	1.70	.138		35.90		2.03
RADIOLOGY	228	381		14,295.78	3	7.52	.180		62.70		6.74
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	31	42		1,056.33	2	5.15	.020		34.08		.50
OTHER SERVICES/ALL X-OVERS	63	117		3,777.00	3	2.28	.055		59.95		1.78
@PHARMACY	599	1,409	\$	44,883.85	\$ 3	1.86	.665	\$	74.93	\$	21.17
PRESCRIPTION DRUGS	585	1,228	·	39,164.91	. 3	1.89	.579	·	66.95	•	18.47
SNF/ICF	0	. 0		.00		.00	.000		.00		.00
OUTPATIENTS	585	1,228		39,164.91	3	1.89	.579		66.95		18.47
MEDICAL SUPPLIES	45	181		5,718.94	3	1.60	.085		127.09		2.70
@DENTIST	86	452	\$	17,165.68	\$ 3	7.98	.213	\$	199.60	\$	8.10
VISITS - DIAGNOSTIC	72	289		4,340.68	1	5.02	.136		60.29		2.05
ORAL SURGERY	23	35		3,161.00	9	0.31	.017		137.43		1.49
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00	10	0.00	.000		100.00		.05
PERIODONTICS	8	8		588.00	7	3.50	.004		73.50		.28
ENDODONTICS	5	11		3,270.00	29	7.27	.005		654.00		1.54
RESTORATIVE DENTISTRY	29	105		5,706.00	5	1.34	.050		196.76		2.69
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	3		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH	I-OF-PAYMENT RE	EPORT FO	R JAN 200	3 THRU	DEC	2003	PI	AGE 17,154
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	R MIA - N	O SOC -	TOTAL							
								O 3 T TTT		~=	

----- MONTHLY AVERAGE -----2,120 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 26 78 1,925.70 24.69 .037 \$ 74.07 \$.91 DIAGNOSTIC AND ANC. PROCED 25 25 1,186.25 47.45 .012 47.45 .56 EYE APPLIANCES 19 53 739.45 13.95 .025 38.92 .35 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 250.80 15 16.72 .007 \$ 27.87 .12 @CHIROPRACTOR VISITS 15 250.80 16.72 .007 27.87 .12 .00 .00 OTHER SERVICES 0 .00 .00 .000 1 51.00 51.00 .000 \$ 51.00 \$ @PODIATRIST .02 MEDICINE/INJECTIONS 51.00 51.00 .000 51.00 .02 .00 SURGERY/ANES. .00 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 20 1,317.06 65.85 .009 \$ 188.15 .62 23 507.14 22.05 84.52 .24 NURSE ANESTHESIST .011 \$ NURSE MIDWIFE 0 .00 .00 .000 \$.00 .00 \$ PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 .00 \$.00 \$ @TOTAL HOSPITAL 666 3,139 1,128,735.97 \$ 359.58 1.481 \$ 1694.80 \$ 532.42

HOSP INPATIENT TOTAL	192	930	1,081,113.09	1162.49	.439	5630.80	509.96
HSC HOSPITALS	23	278	396,230.11	1425.29	.131	17227.40	186.90
NON-HSC HOSPITAL TOTAL	172	652	684,882.98	1050.43	.308	3981.88	323.06
ACCOMMODATIONS	167	652	258,289.12	396.15	.308	1546.64	121.83
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.003	1387.80	.65
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	646	256,901.32	397.68	.305	1538.33	121.18
ANCILLARIES	172	0	426,593.86	.00	.000	2480.20	201.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	533	2,209	47,622.88	21.56	1.042	89.35	22.46
MEDICAL	42	68	2,512.28	36.95	.032	59.82	1.19
SURGERY	27	32	901.59	28.17	.015	33.39	.43
PATHOLOGY	322	1,188	15,420.24	12.98	.560	47.89	7.27
RADIOLOGY	103	117	8,443.99	72.17	.055	81.98	3.98
ROOM USE	228	307	13,121.69	42.74	.145	57.55	6.19

CROSSOVERS/ALL OTH OUTPINT	211	497	7,223.09	14.53	.234	34.23	3.41
@COUNTY HOSPITAL TOTAL	8	109 \$	71,730.84	\$ 658.08	.051	\$ 8966.36	\$ 33.84
CO HOSPITAL INPATIENT TOTAL	2	52	70,200.00	1350.00	.025	35100.00	33.11
HSC HOSPITALS	2	52	70,200.00	1350.00	.025	35100.00	33.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	57	1,530.84	26.86	.027	218.69	.72
MEDICAL	2	3	147.17	49.06	.001	73.59	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	377.34	9.68	.018	62.89	.18
RADIOLOGY	2	3	579.74	193.25	.001	289.87	.27
ROOM USE	6	9	315.85	35.09	.004	52.64	.15
CROSSOVERS/ALL OTH OUTPINT	2	3	110.74	36.91	.001	55.37	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 17,155
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR MIA - NO S	OC - TOTAL				
					MO	NTHLY AVERAG	GE
2 120 ELICIBLES	TICEDO INT	ma on annitran		ATTED A CE COCH	TINTERIO / DANO	COCH DED	COCH DED

TOLIARE COUNTY	SUMMARI OF SER	VICES FOR MIA - N	0 500	C - IOIAL		140	NICOLIT 17 N. 1700 N	- CT	
2 120 BLIGIBLES	Hanna	INITES OF SERVICE			ALTERACE COCE		NTHLY AVERA		70.0E DED
2,120 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
o GOLDANITELL LLOGDITELL TOTAL	650	OR DAYS OF CARE		1 055 005 13	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	658	3,030	\$	1,057,005.13	\$ 348.85	1.429		Ş	498.59
COMM HOSP INPATIENT TOTAL	190	878		1,010,913.09	1151.38	.414	5320.60		476.85
HSC HOSPITALS	21	226		326,030.11	1442.61	.107	15525.24		153.79
NON-HSC HOSPITALS TOTAL	172	652		684,882.98	1050.43	.308	3981.88		323.06
ACCOMMODATIONS	167	652		258,289.12	396.15	.308	1546.64		121.83
ADMINISTRATIVE DAYS	1	6		1,387.80	231.30	.003	1387.80		.65
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	167	646		256,901.32	397.68	.305	1538.33		121.18
ANCILLARIES	172	0		426,593.86	.00	.000	2480.20		201.22
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	526	2,152		46,092.04	21.42	1.015	87.63		21.74
MEDICAL	40	65		2,365.11	36.39	.031	59.13		1.12
SURGERY	27	32		901.59	28.17	.015	33.39		.43
PATHOLOGY	316	1,149		15,042.90	13.09	.542	47.60		7.10
RADIOLOGY	101	114		7,864.25	68.98	.054	77.86		3.71
ROOM USE	222	298		12,805.84	42.97	.141	57.68		6.04
CROSSOVERS/ALL OTH OUTPTNT	209	494		7,112.35	14.40	.233	34.03		3.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	.00	.000	.00	·	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		Ġ	.00
HOSPITAL BASED	0	0	'	.00	.00	.000	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00

@REHABILITATION FACILITY	0	Ο	Ś	.00	Ś	.00	.000	Ġ	.00	Ġ	.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	٧	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	364	849	\$	16,571.30	\$	19.52	.400	\$	45.53	\$	7.82
PATHOLOGY	363	848		16,511.80		19.47	.400		45.49		7.79
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.03
@ORGANIZED OUTPATIENT CLINIC	1,170	2,527	\$	305,158.81	\$	120.76	1.192	\$	260.82	\$	143.94
CLINIC	5	24		404.49		16.85	.011		80.90		.19
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,165	2,503		304,754.32		121.76	1.181		261.59		143.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	RES N	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 17,156
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVIO	CES FOR MIA - N	10 SC	DC - TOTAL							
							M	ONTE	ILY AVERA	GE ·	
2,120 ELIGIBLES	USERS (JNITS OF SERVICE	C	EXPENDITURES	AVI	ERAGE COST	T UNITS/DAY	S (COST PER	(COST PER

2,120 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	219	1,619	\$ 30,846.28	\$ 19.05	.764	•	•
DURABLE MED. EQUIP.	5	5	259.15	51.83	.002	51.83	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	36	944	14,078.34	14.91	.445	391.07	6.64
AMBULANCES/AIR TRANS	36	942	11,003.34	11.68	.444	305.65	5.19
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.001	1537.50	1.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	112	112	11,657.50	104.08	.053	104.08	5.50
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	37	89	798.30	8.97	.042	21.58	.38
PHYSICAL THERAPIST	3	3	236.34	78.78	.001	78.78	.11
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	32	59	3,379.30	57.28	.028	105.60	1.59
PROSTHETICS	11	33	1,154.42	34.98	.016	104.95	.54
ORTHOTICS	25	26	2,224.88	85.57	.012	89.00	1.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	407	437.35	1.07	.192	145.78	.21
@CALIF. CHILDREN SERVICES*	31	976	\$ 286,768.29	\$ 293.82	.460	\$ 9250.59	\$ 135.27
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCUOSED .	IN THE AFFRORKIATE DETAIL DINES ADOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 17,157
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53	

							MO	NTHLY AV	ERAG	Ε
88 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	COST P	ER	COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	115	3,433	\$	625,094.56	\$	182.08	39.011	\$ 5435.	60	\$ 7103.35
@PHYSICIANS SERVICES	50	108	\$	4,617.86	\$	42.76	1.227	\$ 92.	36	\$ 52.48
OUTPATIENT VISITS	9	10		570.79		57.08	.114	63.	42	6.49
OFFICE VISITS	4	4		89.00		22.25	.045	22.	25	1.01

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0			.00		.00		.000		.00		.00
EMERGENCY ROOM	5	6			481.79		80.30		.068		96.36		5.47
PREVENTIVE CARE	0	0			.00		.00		.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00		.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00		.000		.00		.00
INPATIENT VISITS	39	86			3,321.91		38.63		.977		85.18		37.75
HOSPITAL VISITS	0	0			.00		.00		.000		.00		.00
CRITICAL CARE	0	0			.00		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	39	86			3,321.91		38.63		.977		85.18		37.75
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00		.000		.00		.00
EXAMINATIONS	0	0			.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00		.000		.00		.00
OUTPATIENT SURGERY	2	4			95.66		23.92		.045		47.83		1.09
PRINCIPAL SURGEON	2	4			95.66		23.92		.045		47.83		1.09
ASSISTANT SURGEON	0	0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00		.000		.00		.00
DIALYSIS	0	0			.00		.00		.000		.00		.00
PATHOLOGY	0	0			.00		.00		.000		.00		.00
RADIOLOGY	3	4			510.26		127.57		.045		170.09		5.80
PSYCHIATRY	0	0			.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	1	1			6.11		6.11		.011		6.11		.07
OTHER SERVICES/ALL X-OVERS	3	3			113.13		37.71		.034		37.71		1.29
@PHARMACY	73	511	\$	3.	5,988.22	\$	70.43	5	.807	\$	492.99	\$	408.96
PRESCRIPTION DRUGS	73	509		3.	5,890.06		70.51	5	.784		491.64		407.84
SNF/ICF	70	437		3:	2,729.47		74.90	4	.966		467.56		371.93
OUTPATIENTS	10	72			3,160.59		43.90		.818		316.06		35.92
MEDICAL SUPPLIES	1	2			98.16		49.08		.023		98.16		1.12
@DENTIST	6	32	\$		1,963.00	\$	61.34		.364	\$	327.17	\$	22.31
VISITS - DIAGNOSTIC	5	16			283.00		17.69		.182		56.60		3.22
ORAL SURGERY	0	0			.00		.00		.000		.00		.00
DRUGS	0	0			.00		.00		.000		.00		.00
ANESTHESIA	0	0			.00		.00		.000		.00		.00
PERIODONTICS	3	6			318.00		53.00		.068		106.00		3.61
ENDODONTICS	0	0			.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	4	10			1,362.00		136.20		.114		340.50		15.48
PROSTHETICS	0	0			.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	IONTH-OF-	PAYMENT R	EPOR'	T FOR JAN	2003	THRU	DEC	2003	P	AGE 17,158
MOP024	FEE-FOR-SERVICE												01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MIA - SO	OC -	- LTC			AID CODE						
											HLY AVERA		
88 ELIGIBLES	USERS	UNITS OF SERVICE		EXPE	NDITURES	AV1	ERAGE COST	UNIT	'S/DAY	.s (COST PER		COST PER

88 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER .125 \$ @OPTOMETRIST 3 11 233.71 \$ 21.25 77.90 \$ 2.66 2 47.45 DIAGNOSTIC AND ANC. PROCED 2 94.90 47.45 .023 1.08 EYE APPLIANCES 3 9 138.81 15.42 .102 46.27 1.58 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 @CHIROPRACTOR 0 \$.00 \$.00 .000 \$.00 \$.00 VISITS 0 0 .00 .00 .000 .00 .00 0 .00 OTHER SERVICES .00 0 .000 .00 .00 0 0 \$.00 .00 .000 \$.00 \$.00 @PODIATRIST \$

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ė	.00	\$.00	.000	Ė	.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00		\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	9	24	Ė	2,597.95	Ė	108.25	.273		288.66		29.52
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	24		2,597.95		108.25	.273		288.66		29.52
MEDICAL	3	3		65.82		21.94	.034		21.94		.75
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	8		94.98		11.87	.091		31.66		1.08
RADIOLOGY	4	5		2,218.40		443.68	.057		554.60		25.21
ROOM USE	6	6		197.12		32.85	.068		32.85		2.24
CROSSOVERS/ALL OTH OUTPTNT	2	2		21.63		10.82	.023		10.82		.25
@COUNTY HOSPITAL TOTAL	1	1	\$	29.35	\$	29.35	.011	Ġ	29.35	Ġ	.33
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		29.35		29.35	.011		29.35		.33
MEDICAL	1	1		29.35		29.35	.011		29.35		.33
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDUTCE		'C MO		בט רם			חשת		D	AGE 17,159
MOP024	FEE-FOR-SERVICE/		15 140	NIII-OF-PAIMENT R	EFOR.	I FOR UAN 2	1003 11110 1	ا نار	2003	F	01/29/04
TULARE COUNTY		CES FOR MIA - SC	nc -	T.TC		AID CODE	53				01/29/04
TOLIARE COUNTY	SUMMART OF SERVI	CES FOR MIA - SC	- JC	шс		AID CODE	M	וידואר	TIV AMEDA	CF	
88 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/1	ERAGE COST					COST PER
00 11101111	ONERD	OR DAYS OF CARE		TWI TIADI I OKUD		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	23	\$	2,568.60	\$	111.68	.261		285.40		29.19
COMM HOSP INPATIENT TOTAL	0	0	~	.00	۲	.00	.000	Y	.00	¥	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
11001 1111110	5	5		.00							

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NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

0

0

0

0

0

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	23	2,568.60	111.68	.261	285.40	29.19
MEDICAL	2	2	36.47	18.24	.023	18.24	.41
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	8	94.98	11.87	.091	31.66	1.08
RADIOLOGY	4	5	2,218.40	443.68	.057	554.60	25.21
ROOM USE	6	6	197.12	32.85	.068	32.85	2.24
CROSSOVERS/ALL OTH OUTPTNT	2	2	21.63	10.82	.023	10.82	.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	42	1,332	\$ 546,935.52	\$ 410.61	15.136	\$ 13022.27	\$ 6215.18
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	25	857		491,534.71		573.55	9.739		19661.39		5585.62
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	475		55,400.81		116.63	5.398		3258.87		629.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	130	\$	1,520.70	\$	11.70	1.477	\$	54.31	\$	17.28
PATHOLOGY	28	130		1,520.70		11.70	1.477		54.31		17.28
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	135	\$	23,293.43	\$	172.54	1.534	\$	1294.08	\$	264.70
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	135		23,293.43		172.54	1.534		1294.08		264.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR:	r for Jan	2003 THRU	DEC	2003	P	AGE 17,160
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04

TULARE COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

------ MONTHLY AVERAGE -----
88 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

88 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	30	1,150 \$	7,944.17	\$ 6.91	13.068 \$		
DURABLE MED. EQUIP.	14	31	4,876.29	157.30	.352	348.31	55.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	305	1,935.80	6.35	3.466	322.63	22.00
AMBULANCES/AIR TRANS	6	305	1,935.80	6.35	3.466	322.63	22.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	76.00	9.50	.091	25.33	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	206.16	34.36	.068	68.72	2.34
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	800	849.92	1.06	9.091	141.65	9.66
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

----- MONTHLY AVERAGE -----

TULARE COUNTY | SIMPARY OF SERVICES FOR | NLA | SOC | PRESENTAT | ALD COOR | ALD COO ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS 35 ELIGIBLES @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY OUTPATIENTS 10

MEDICAL SUPPLIES 1

@DENTIST 2

VISITS - DIAGNOSTIC 0

ORAL SURGERY 1

DRUGS 0

ANESTHESIA 0

PERIODONTICS 1

ENDODONTICS 1

ENDODONTICS 0

RESTORATIVE DENTISTRY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,162 MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 01/29/04

35 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	1	OR DAYS OF CARE	47.45	PER UNIT/DAY \$ 47.45	.029 \$	USER 47.45	ELIGIBLE \$ 1.36
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	1	1 \$	47.45 47.45	\$ 47.45 47.45	.029 Ş .029	47.45	1.36
	0	1	.00	.00	.000	.00	
EYE APPLIANCES	0						.00
OTHER OPTOMETRIC SERVICES	0	0 0 \$.00	.00	.000	.00	.00
@CHIROPRACTOR VISITS	0	0 \$ 0	.00	\$.00	.000 \$.00	•
	0	0		.00	.000	.00	.00
OTHER SERVICES	0		.00	.00 \$.00	.000	.00	.00
@PODIATRIST	0	0 \$ 0	.00		.000 \$		
MEDICINE/INJECTIONS	0	-	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		.00	.00	.000	.00	.00
OTHER @HOME HEALTH AGENCY	0	0 0 \$.00	.00 \$.00	.000 .000 \$.00	.00
NURSE ANESTHESIST	0	0 \$.00	\$.00 \$.00		.00	•
	0	0 \$.00	•	.000 \$.00	•
NURSE MIDWIFE	0	0 \$		\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$ 0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	-		.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	10	48 \$	9,933.45	\$ 206.95	1.371 \$	993.35	\$ 283.81
HOSP INPATIENT TOTAL	5	14	9,091.08	649.36	.400	1818.22	259.75
HSC HOSPITALS	1	3	3,300.03	1100.01	.086	3300.03	94.29
NON-HSC HOSPITAL TOTAL	4	11	5,791.05	526.46	.314	1447.76	165.46
ACCOMMODATIONS	4	11	2,350.44	213.68	.314	587.61	67.16
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11	2,350.44	213.68	.314	587.61	67.16
ANCILLARIES	4	0	3,440.61	.00	.000	860.15	98.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	6	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	34	842.37	24.78	.971	140.40	24.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2 14	91.79	45.90	.057	45.90	2.62
PATHOLOGY	2	2	108.57	7.76 158.06	.400	54.29 158.06	3.10 9.03
RADIOLOGY	4	5	316.12 210.54	42.11	.057 .143	52.64	6.02
ROOM USE	4	11	115.35	10.49	.314	28.84	3.30
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	4 0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 ş 0	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ů	.00	.00	.000	.00	.00
ROOM USE	0	Ů	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•	ES AND EXPENDITURES M					PAGE 17,163
MOP024	FEE-FOR-SERVICE				IIIIO DEC	2005	01/29/04
TULARE COUNTY		ICES FOR MIA - SOC -	PREGNANT	AID CODE	87		01/20/01
					MONT	HLY AVERA	GE
35 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER

						חשת		חשת	DT TO	,	TICED		EL TOTOLE
@COMMUNITY HOSPITAL TOTAL	10	OR DAYS OF CARE	\$		9,933.45	PER S	UNIT/DAY 206.95		выце .371		USER 993.35	\$	ELIGIBLE 283.81
COMM HOSP INPATIENT TOTAL	5	14	Ą		9,091.08	Ą	649.36		400		1818.22	Ą	259.75
HSC HOSPITALS	1	3			3,300.03		1100.01		086		3300.03		94.29
NON-HSC HOSPITALS TOTAL	1	11			5,791.05		526.46		314		1447.76		165.46
	4	11											
ACCOMMODATIONS	4	0			2,350.44		213.68		314		587.61		67.16
ADMINISTRATIVE DAYS	0				.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
ALL OTHER ACCOM	4	11			2,350.44		213.68		314		587.61		67.16
ANCILLARIES	4	0			3,440.61		.00		000		860.15		98.30
INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	34			842.37		24.78		971		140.40		24.07
MEDICAL	0	0			.00		.00		000		.00		.00
SURGERY	2	2			91.79		45.90		057		45.90		2.62
PATHOLOGY	2	14			108.57		7.76		400		54.29		3.10
RADIOLOGY	2	2			316.12		158.06		057		158.06		9.03
ROOM USE	4	5			210.54		42.11		143		52.64		6.02
CROSSOVERS/ALL OTH OUTPTNT	4	11			115.35		10.49		314		28.84		3.30
@STATE HOSPITAL	0	0	\$.00	\$.00		000	\$.00	\$.00
MENTALLY ILL	0	0	•		.00	•	.00		000	•	.00		.00
DEVELOP. DISABLED	0	0			.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00			\$.00	\$.00
LEV A-INTERMEDIATE	0	0	τ.		.00	т	.00		000	Ψ.	.00	Ψ.	.00
LEV B-REHAB MD	0	0			.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		000		.00		.00
LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
LEV B-REGULAR	0	0			.00				000				
@INTERMEDIATE CARE FACILDD	0	0	۸.			4	.00			Ċ.	.00	4	.00
	0		\$.00	\$.00			\$.00	\$.00
ICF DDH	0	0			.00		.00		000		.00		.00
ICF DD	0	0			.00		.00		000		.00		.00
ICF DDN/DDCN	0	0	4.		.00	4.	.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00		000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00		000		.00		.00
@LABORATORY FACILITY	2	13	\$		272.15	\$	20.93		371	\$	136.08	\$	7.78
PATHOLOGY	2	13			272.15		20.93		371		136.08		7.78
XO AND OTHERS	0	0			.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	10	\$		1,462.61	\$	146.26		286	\$	243.77	\$	41.79
CLINIC	0	0	•		.00	•	.00		000	•	.00	•	.00
SURGICENTER	0	0			.00		.00		000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00		000		.00		.00
RURAL HEALTH CLINIC	6	10			1,462.61		146.26		286		243.77		41.79
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ZS M	IONTH-OF		PORT				DEC		P	AGE 17,164
MOP024	FEE-FOR-SERVICE			10111111 01	111111111111111111111111111111111111111	JI 0101	1011 0111	2005 1		DLC	2003	-	01/29/04
TULARE COUNTY		ICES FOR MIA - SO	na –	DDFCNA	NT		AID CODE	87					01/25/01
TODAKE COONTI	BOMMAN OF BENCY	TEED FOR MIA DO	<i>J</i> C	FICEGINA	INI		AID CODE		IV	ורדוא∩ו	T.V AWEDA	CF	
35 ELIGIBLES	USERS	UNITS OF SERVICE		FVD	ENDITURES	7/1/2	DACE COST						COST PER
32 FILGIPHES	USERS	OR DAYS OF CARE		EAP	FINDITORES		UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	4		\$		272.88						68.22		
			Ą			\$				Ą		Ą	
DURABLE MED. EQUIP.	1	1			33.50		33.50		029		33.50		.96
BLOOD BANK	0	0			.00		.00		000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	1	14			183.20		13.09		400		183.20		5.23
AMBULANCES/AIR TRANS	1	14			183.20		13.09		400		183.20		5.23
OTHER TRANS	0	0			.00		.00		000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	56.18	11.24	.143	28.09	1.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

PAGE 17,165

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

TULARE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

TABLEIGIBLES USERS	1021112 0001111	DOINING OF DELL	1010 1011 1111 2		10111		MC	NTHLY AVERA	AGE	
### STATE PROVIDERS 164 3,608 \$ 640,868.96 \$ 177.62 29.333 \$ 3907.74 \$ 5210.32 ### STATE S	123 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
### SPHYSICIANS SERVICES 73 168 \$ 7,951.35 \$ 47.33 1.366 \$ 108.92 \$ 64.65 OUTPATIENT VISITS 20 34 1.469.17 43.21 .276 73.46 11.94 OPFICE VISITS 7 8 206.20 25.78 .065 29.46 11.64 HOMS VISITS 0 0 0 0.00 .000 .000 .000 .000 .000 EMERGENCY ROOM 9 11 801.46 72.86 .089 39.05 6.52 .000 EMERGENCY ROOM 9 11 801.46 72.86 .089 39.05 6.52 .000 .000 .000 .000 .000 .000 .000 .			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
OPTICE VISITS 7 8 20 34 1,469.17 43.21 2.76 73.46 11.94 OFFICE VISITS 7 8 20.65 29.46 1.68 HOME VISITS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	@TOTAL, ALL PROVIDERS		3,608	\$	640,868.96		29.333	\$ 3907.74	\$	5210.32
OFFICE VISITS 7 8 206.20 25.78 .065 29.46 1.68 HMM VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@PHYSICIANS SERVICES	73	168	\$	7,951.35	\$ 47.33	1.366	\$ 108.92	\$	64.65
HOME VISITS	OUTPATIENT VISITS	20	34		1,469.17	43.21	.276	73.46		11.94
EMERGENCY ROOM	OFFICE VISITS	7	8		206.20	25.78	.065	29.46		1.68
PREVENTIVE CARE 0	HOME VISITS	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	EMERGENCY ROOM	9	11		801.46	72.86	.089	89.05		6.52
OTHER OUTPATIENT 0 0 0000000000000	PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	OB VISITS/COMPRE PERI	4	15		461.51	30.77	.122	115.38		3.75
HOSPITAL VISITS 3	OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	INPATIENT VISITS	42	93		3,652.74	39.28	.756	86.97		29.70
SNF/ICF/TRANS IP CARE 39	HOSPITAL VISITS	3	7			47.26	.057	110.28		2.69
SNF/ICF/TRANS IP CARE 39	CRITICAL CARE	0	0		.00	.00	.000	.00		.00
EXAMINATIONS SERVICES AND MATERIALS O O O O O O O O O O O O O O O O O O O		39	86		3,321.91		.699			
SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0	OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS 0	EXAMINATIONS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY 2		0	0					.00		
PRINCIPAL SURGEON 1 1 1,088.62 1088.62 0.08 188.62 8.85 ASSISTANT SURGEON 1 1 186.50 186.50 0.08 186.50 1.52 ANESTHESIOLOGIST 1 2 111.23 55.62 0.016 111.23 .90 OUTPATIENT SURGENY 6 14 439.81 31.42 .114 73.30 3.58 PRINCIPAL SURGEON 3 5 274.84 54.97 .041 91.61 2.23 ASSISTANT SURGEON 0 0 .00		2	4							
ASSISTANT SURGEON ANESTHESIOLOGIST 1 2 111.23 55.62 .016 111.23 .90 OUTPATIENT SURGERY 6 14 439.81 31.42 .114 73.30 3.58 PRINCIPAL SURGEON 3 5 274.84 54.97 .041 91.61 2.23 ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1							
AMESTHESIOLOGIST 1 2 111.23 55.62 .016 111.23 9.00 OUTPATIENT SURGERY 6 14 439.81 31.42 .114 73.30 3.58 PRINCIPAL SURGEON 3 5 274.84 54.97 .041 91.61 2.23 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 AMESTHESIOLOGIST 3 9 164.97 18.33 .073 54.99 1.34 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 3 6 7 683.93 97.70 .557 113.99 5.56 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		1	1							
OUTPATIENT SURGERY 6 14 439.81 31.42 .114 73.30 3.58 PRINCIPAL SURGEON 3 5 274.84 54.97 .041 91.61 2.23 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		1	2							.90
PRINCIPAL SURGEON 3 5 274.84 54.97 .041 91.61 2.23 ASSISTANT SURGEON 0 0 0 .00		6	14							
ASSISTANT SURGEON ANESTHESIOLOGIST 3 9 164.97 18.33 .073 54.99 1.34 DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3				54.97				
ANESTHESIOLOGIST DIALYSIS O O O O O O O O O O O O O		0	0							
DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3	9							
PATHOLOGY 3 6 50.76 8.46 .049 16.92 .41 RADIOLOGY 6 7 683.93 97.70 .057 113.99 5.56 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0							
RADIOLOGY 6 7 683.93 97.70 .057 113.99 5.56 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		3	6							
PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6	7							
IMMUNIZATION AND INJECTION 2 3 24.85 8.28 .024 12.43 .20 OTHER SERVICES/ALL X-OVERS 5 7 243.74 34.82 .057 48.75 1.98 @PHARMACY 84 528 \$ 36,374.59 \$ 68.89 4.293 \$ 433.03 \$ 295.73 PRESCRIPTION DRUGS 83 525 36,263.12 69.07 4.268 436.91 294.82 SNF/ICF 70 437 32,729.47 74.90 3.553 467.56 266.09 OUTPATIENTS 20 88 3,533.65 40.16 .715 176.68 28.73 MEDICAL SUPPLIES 2 3 111.47 37.16 .024 55.74 .91 @DENTIST 8 38 \$ 2,029.00 \$ 53.39 3.09 \$ 253.63 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .00		0	0							
OTHER SERVICES/ALL X-OVERS 5 7 243.74 34.82 .057 48.75 1.98 @PHARMACY 84 528 \$ 36,374.59 \$ 68.89 4.293 \$ 433.03 \$ 295.73 PRESCRIPTION DRUGS 83 525 36,263.12 69.07 4.268 436.91 294.82 SNF/ICF 70 437 32,729.47 74.90 3.553 467.56 266.09 OUTPATIENTS 20 88 3,533.65 40.16 .715 176.68 28.73 MEDICAL SUPPLIES 2 3 111.47 37.16 .024 55.74 .91 @DENTIST 8 38 \$ 2,029.00 \$ 53.39 .309 \$ 253.63 \$ 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .00 .033 .00 .00 DRUGS 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 PERIODONTICS 4 7 384.00 54.86 .057 96.00 3.12 ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089 272.40 11.07		2	3							
@PHARMACY 84 528 \$ 36,374.59 \$ 68.89 4.293 \$ 433.03 \$ 295.73 PRESCRIPTION DRUGS 83 525 36,263.12 69.07 4.268 436.91 294.82 SNF/ICF 70 437 32,729.47 74.90 3.553 467.56 266.09 OUTPATIENTS 20 88 3,533.65 40.16 .715 176.68 28.73 MEDICAL SUPPLIES 2 3 111.47 37.16 .024 55.74 .91 @DENTIST 8 38 \$ 2,029.00 \$ 53.39 .309 \$ 253.63 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00		- 5								
PRESCRIPTION DRUGS 83 525 36,263.12 69.07 4.268 436.91 294.82 SNF/ICF 70 437 32,729.47 74.90 3.553 467.56 266.09 OUTPATIENTS 20 88 3,533.65 40.16 .715 176.68 28.73 MEDICAL SUPPLIES 2 3 111.47 37.16 .024 55.74 .91 @DENTIST 8 38 \$ 2,029.00 \$ 53.39 .309 \$ 253.63 \$ 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00		84		Ś					Ġ	
SNF/ICF 70 437 32,729.47 74.90 3.553 467.56 266.09 OUTPATIENTS 20 88 3,533.65 40.16 .715 176.68 28.73 MEDICAL SUPPLIES 2 3 111.47 37.16 .024 55.74 .91 @DENTIST 8 38 \$ 2,029.00 \$ 53.39 .309 \$ 253.63 \$ 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 <t< td=""><td></td><td></td><td></td><td>т.</td><td></td><td></td><td></td><td></td><td>т.</td><td></td></t<>				т.					т.	
OUTPATIENTS 20 88 3,533.65 40.16 .715 176.68 28.73 MEDICAL SUPPLIES 2 3 111.47 37.16 .024 55.74 .91 @DENTIST 8 38 \$ 2,029.00 \$ 53.39 .309 \$ 253.63 \$ 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 PERIODONTICS 4 7 384.00 54.86 .057 96.00 3.12 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089										
MEDICAL SUPPLIES 2 3 111.47 37.16 .024 55.74 .91 @DENTIST 8 38 \$ 2,029.00 \$ 53.39 .309 \$ 253.63 \$ 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 4 7 384.00 54.86 .057 96.00 3.12 ENDODONTICS 0 0 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089 272.40 11.07		20								
@DENTIST 8 38 \$ 2,029.00 \$ 53.39 .309 \$ 253.63 \$ 16.50 VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 PERIODONTICS 4 7 384.00 54.86 .057 96.00 3.12 ENDODONTICS 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089 272.40 11.07										
VISITS - DIAGNOSTIC 5 16 283.00 17.69 .130 56.60 2.30 ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 4 7 384.00 54.86 .057 96.00 3.12 ENDODONTICS 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089 272.40 11.07		8		Ś					Ś	
ORAL SURGERY 1 4 .00 .00 .033 .00 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00		5		Ψ	•				т.	
DRUGS 0 0 .00		1	_ ·							
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0								
PERIODONTICS 4 7 384.00 54.86 .057 96.00 3.12 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089 272.40 11.07		0								
ENDODONTICS 0 0 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089 272.40 11.07		4								
RESTORATIVE DENTISTRY 5 11 1,362.00 123.82 .089 272.40 11.07		n								
· · · · · · · · · · · · · · · · · · ·		5								
		0								

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 17,166
MOP024	FEE-FOR-SERVICE/DENT	ral .					01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----123 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 12 281.16 23.43 .098 \$ 70.29 \$ 2.29 142.35 DIAGNOSTIC AND ANC. PROCED 3 3 47.45 .024 47.45 1.16 138.81 15.42 .073 46.27 EYE APPLIANCES 1.13 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 VISITS .00 . 00 .000 . 00 . 00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 \$.00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 . 00 RADIO./PATHOLOGY .000 . 00 OTHER Ω .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 @HOME HEALTH AGENCY .00 .00 .00 NURSE ANESTHESIST .00 \$.000 \$.00 NURSE MIDWIFE .000 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 72 12,531.40 101.88 @TOTAL HOSPITAL 174.05 .585 659.55 HOSP INPATIENT TOTAL 14 9,091.08 649.36 .114 1818.22 73.91 HSC HOSPITALS 3 3,300.03 1100.01 .024 3300.03 26.83 526.46 1447.76 11 5,791.05 .089 47.08 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 2,350.44 213.68 .089 587.61 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 11 2,350.44 213.68 .089 ALL OTHER ACCOM 587.61 19.11 ANCILLARIES 3,440.61 .00 .000 860.15 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 HOSP OUTPATIENT TOTAL 15 58 3,440.32 59.32 .472 229.35 27.97 21.94 .024 21.94 MEDICAL 65.82 .75 SURGERY 91.79 45.90 .016 45.90 203.55 9.25 .179 40.71 PATHOLOGY 1.65 2,534.52 362.07 422.42 RADIOLOGY .057 20.61 11 407.66 37.06 .089 40.77 3.31 ROOM USE 13 136.98 10.54 .106 22.83 CROSSOVERS/ALL OTH OUTPTNT 1.11 @COUNTY HOSPITAL TOTAL 1 29.35 29.35 .008 29.35 \$.24 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 INPATIENT CROSSOVERS .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 29.35 29.35 .008 29.35 CO HOSP OUTPATIENT TOTAL .24 MEDICAL 29.35 29.35 .008 29.35 .24

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 17,167
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

MOPUZ4	FEE-FOR-SERVICE		000	moma r					01/29/04
TULARE COUNTY	SUMMARY OF SERV	JICES FOR MIA -	- SOC	- TOTAL				~-	
102			- ~				NTHLY AVERA		
123 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST				COST PER
	19 5	OR DAYS OF CA	ARE .		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	71	\$	12,502.05	\$ 176.09	.577		\$	
COMM HOSP INPATIENT TOTAL	5	14		9,091.08	649.36	.114	1818.22		73.91
HSC HOSPITALS	1	3		3,300.03	1100.01	.024	3300.03		26.83
NON-HSC HOSPITALS TOTAL	4	11		5,791.05	526.46	.089	1447.76		47.08
ACCOMMODATIONS	4	11		2,350.44	213.68	.089	587.61		19.11
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00 .00 213.68 .00 .00	.000	.00		.00
ALL OTHER ACCOM	4	11		2,350.44	213.68	.089	587.61		19.11
ANCILLARIES	4	0		3,440.61	.00	.000	860.15		27.97
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	. 00	000	0.0		.00
COMM HOSP OUTPATIENT TOTAL	15	57		3,410.97	59.84	.463	227 40		27.73
MEDICAL	5 1 4 0 0 4 4 0 0 15 2	2		36.47	18.24	.016	227.40 18.24		.30
SURGERY	2	2		91.79	45.90	.016	45.90		.75
PATHOLOGY	5	22		203.55	9.25	.179	40.71		1.65
RADIOLOGY	5	7		2,534.52	362.07	.057			20.61
ROOM USE	10	11		407.66	37.06	.089	$422.42 \\ 40.77$		3.31
CDOCCOVEDCANT OUR OF DEPART	2 2 5 6 10 6	12		126.00					1.11
CROSSOVERS/ALL OIR OUIPINI	0	13	d	136.98	10.54	.106	22.83	ė.	.00
@STATE HOSPITAL	0	0	Ş	.00	\$.00	.000		Þ	
MENTALLY ILL	0	71 14 3 11 11 0 0 0 11 0 0 57 2 2 2 2 2 7 11 13 0 0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	_	.00	.00	.000	.00	_	.00
@NURSING FACILITY	42	1,332	\$	546,935.52	\$ 410.61		\$ 13022.27	Ş	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0 0 25 0 17 0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	25	857		491,534.71	573.55	6.967	19661.39		3996.22
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	17	475		55,400.81	116.63	3.862	3258.87		450.41
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	5 .00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	-	.00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		Ġ	.00
HOSPITAL BASED	0	0	т.	.00	.00	.000	.00	т	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@I.ARORATORY FACTI.TTY	3.0	143	\$	1,792.85	\$ 12.54	1.163		Ś	14.58
DATUOI OCV	30	143	Y	1,792.85	12.54	1.163	59.76	Ÿ	14.58
AU VND UAREDG	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	24	145	ė.	24,756.04	\$ 170.73		; 1031.50	ė.	201.27
CLINIC	0	0	Ą	.00	\$ 170.73 .00	.000	.00	Ą	.00
	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	_							
HEROIN DETOX CLINIC	0 24	0		.00	.00	.000	.00		.00
		145		24,756.04	170.73	1.179	1031.50	_	201.27
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT R	EPORT FOR JAN	ZUU3 THRU D	IC 2003	Р	PAGE 17,168
MOP024	FEE-FOR-SERVICE	E/DENTAL	ac ~	TOTA -					01/29/04
THE ADM CONTROL	CITIMINIA OF OT	/ 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	- 9000	- :::(Y!:'() !					

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

TULARE COUNTY

123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY			COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	1,170	\$	8,217.05	\$ 7.02	9.512		
DURABLE MED. EQUIP.	15	32	Y	4,909.79	153.43	.260	327.32	39.92
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	319		2,119.00	6.64	2.593	302.71	17.23
AMBULANCES/AIR TRANS	7	319		2,119.00	6.64	2.593	302.71	17.23
OTHER TRANS	Ó	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	13		132.18	10.17	.106	26.44	1.07
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6		206.16	34.36	.049	68.72	1.68
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	800		849.92	1.06	6.504	141.65	6.91
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,169
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAI	N 2003 THRU	DEC 2003	PAGE 17,170
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	FOR FUTU	RE USE				

MOP024	FEE-FOR-SERVIC				_							01/29/04
TULARE COUNTY	SUMMARY OF SER	VICES FOR	FOR FUI	URE USI	i .						~-	
00 HI TOTRI HO	HORDO	INITEG OF	CEDIT CE	,		7.77		MC			_	COCE DED
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	5 (COST PER		COST PER
O O D THO WITTH T GIT	0	OR DAYS	OF CARE		0.0		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	U		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	4	.00	٧	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
IIDC IIODFIIAID	0		U		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES M	IONTH-OF-PAYMENT REPOR	RT FOR JAN 20	03 THRU DE	C 2003	PAGE 17,171
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES I	FOR FOR FUTURE	USE				
				-	_	THLY AVERAG	
OO ELTGIBLES	TICEDC IINITE	S OF SEBUTOR	LADEMULTIDEC V	TEDACE COST II	סעמת/ סידדות	CUCL DEB	CUCL DEB

							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S (COST PER		COST PER
		OR DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000	•	.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000		.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	-	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 20	03	PAG	E 17,172
MOP024	FEE-FOR-SERVICE/DEN	ΓAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE								
							N	ONTHLY	AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	0.0 = 0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,173 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

TODING COOKII	DOINING OF DEED	VICED FOR THEFTER		VDICHIVI INCHIC	101111								
					MONTHLY AVERAGE								
2,243 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER					
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE					
@TOTAL, ALL PROVIDERS	2,501	17,908	\$	2,396,268.04	\$ 133.81	7.984	958.12	\$ 1068.33					
@PHYSICIANS SERVICES	899	4,336	\$	215,936.84	\$ 49.80	1.933	240.20	\$ 96.27					
OUTPATIENT VISITS	480	2,145		60,917.65	28.40	.956	126.91	27.16					
OFFICE VISITS	77	103		4,326.62	42.01	.046	56.19	1.93					
HOME VISITS	0	0		.00	.00	.000	.00	.00					
EMERGENCY ROOM	124	146		8,810.63	60.35	.065	71.05	3.93					
PREVENTIVE CARE	5	5		320.25	64.05	.002	64.05	.14					
OB VISITS/COMPRE PERI	323	1,889		47,387.57	25.09	.842	146.71	21.13					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	2	72.58	}	36.29	.001		36.29		.03
INPATIENT VISITS	153	556	40,278.71		72.44	.248		263.26		17.96
HOSPITAL VISITS	98	281	12,077.54		42.98	.125		123.24		5.38
CRITICAL CARE	18	189	24,879.26		131.64	.084		1382.18		11.09
SNF/ICF/TRANS IP CARE	39	86	3,321.91		38.63	.038		85.18		1.48
	1	1	57.79		57.79	.000		57.79		.03
OPHTHALMOLOGICAL SERVICES										
EXAMINATIONS	1	1	57.79		57.79	.000		57.79		.03
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	172	607	79,412.12		130.83	.271		461.70		35.40
PRINCIPAL SURGEON	118	122	64,682.29		530.18	.054		548.16		28.84
ASSISTANT SURGEON	15	15	2,750.88	}	183.39	.007		183.39		1.23
ANESTHESIOLOGIST	63	470	11,978.95	,	25.49	.210		190.14		5.34
OUTPATIENT SURGERY	84	171	10,830.34		63.34	.076		128.93		4.83
PRINCIPAL SURGEON	69	100	8,842.68		88.43	.045		128.15		3.94
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	32	71	1,987.66		28.00	.032		62.11		.89
	0	0								
DIALYSIS			.00		.00	.000		.00		.00
PATHOLOGY	123	299	4,358.60		14.58	.133		35.44		1.94
RADIOLOGY	234	388	14,979.71		38.61	.173		64.02		6.68
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	33	45	1,081.18		24.03	.020		32.76		.48
OTHER SERVICES/ALL X-OVERS	68	124	4,020.74		32.43	.055		59.13		1.79
@PHARMACY	683	1,937 \$: \$	41.95	.864	\$	118.97	\$	36.23
PRESCRIPTION DRUGS	668	1,753	75,428.03		43.03	.782	•	112.92	•	33.63
SNF/ICF	70	437	32,729.47		74.90	.195		467.56		14.59
OUTPATIENTS	605	1,316	42,698.56		32.45	.587		70.58		19.04
MEDICAL SUPPLIES	47	184	5,830.41		31.69	.082		124.05		2.60
@DENTIST	94	490 \$			39.17	.218	بي	204.20	۲,	8.56
	77						Ą		Ą	
VISITS - DIAGNOSTIC		305	4,623.68		15.16	.136		60.05		2.06
ORAL SURGERY	24	39	3,161.00		81.05	.017		131.71		1.41
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	1	1	100.00		100.00	.000		100.00		.04
PERIODONTICS	12	15	972.00	1	64.80	.007		81.00		.43
ENDODONTICS	5	11	3,270.00)	297.27	.005		654.00		1.46
RESTORATIVE DENTISTRY	34	116	7,068.00)	60.93	.052		207.88		3.15
PROSTHETICS	0	0	.00)	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00							
ORTHODONTIC SERVICES					.00	.000		.00		.00
ALL OTHER SERVICES	4	3	.00		.00	.001		.00	_	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	Р	AGE 17,174
MOP024	FEE-FOR-SERVICE/I									01/29/04
TULARE COUNTY	SUMMARY OF SERVIC	ES FOR MEDICALLY	Y INDIGENT - ADULTS	- TOTA	L					
						M			GE	
2,243 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	30	90 \$	2,206.86			.040		73.56	\$.98
DIAGNOSTIC AND ANC. PROCED	28	28	1,328.60		47.45	.012	•	47.45		.59
EYE APPLIANCES	22	62	878.26		14.17	.028		39.92		.39
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
	9						بي		۲,	
@CHIROPRACTOR	9	15 \$			16.72	.007	Ą	27.87	\$.11
VISITS		15	250.80		16.72	.007		27.87		.11
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1 \$		•	51.00	.000	\$	51.00	\$.02
MEDICINE/INJECTIONS	1	1	51.00		51.00	.000		51.00		.02
SURGERY/ANES.	0	0	.00	1	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00)	.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	7	20	\$ 1,317.06	\$ 65.85	.009	\$ 188.15	\$.59
NURSE ANESTHESIST	6	23	\$ 507.14	\$ 22.05	.010	\$ 84.52	\$.23
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	685	3,211	\$ 1,141,267.37	\$ 355.42	1.432	\$ 1666.08	\$ 508.81
HOSP INPATIENT TOTAL	197	944	1,090,204.17	1154.88	.421	5534.03	486.05
HSC HOSPITALS	24	281	399,530.14	1421.82	.125	16647.09	178.12
NON-HSC HOSPITAL TOTAL	176	663	690,674.03	1041.74	.296	3924.28	307.92
ACCOMMODATIONS	171	663	260,639.56	393.12	.296	1524.21	116.20
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.003	1387.80	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	171	657	259,251.76	394.60	.293	1516.09	115.58
ANCILLARIES	176	0	430,034.47	.00	.000	2443.38	191.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	548	2,267	51,063.20	22.52	1.011	93.18	22.77
MEDICAL	45	71	2,578.10	36.31	.032	57.29	1.15
SURGERY	29	34	993.38	29.22	.015	34.25	.44
PATHOLOGY	327	1,210	15,623.79	12.91	.539	47.78	6.97
RADIOLOGY	109	124	10,978.51	88.54	.055	100.72	4.89
ROOM USE	238	318	13,529.35	42.55	.142	56.85	6.03
CROSSOVERS/ALL OTH OUTPINT	217	510	7,360.07	14.43	.227	33.92	3.28
@COUNTY HOSPITAL TOTAL	9	110 \$	71,760.19	\$ 652.37	.049	\$ 7973.35	\$ 31.99
CO HOSPITAL INPATIENT TOTAL	2	52	70,200.00	1350.00	.023	35100.00	31.30
HSC HOSPITALS	2	52	70,200.00	1350.00	.023	35100.00	31.30
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	58	1,560.19	26.90	.026	195.02	.70
MEDICAL	3	4	176.52	44.13	.002	58.84	.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	377.34		.017	62.89	.17
RADIOLOGY	2	3	579.74	193.25	.001	289.87	.26
ROOM USE	6	9	315.85	35.09	.004	52.64	.14
CROSSOVERS/ALL OTH OUTPINT	2	3	110.74	36.91	.001	55.37	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	1 2003 THRU 1	DEC 2003	PAGE 17,175
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	R MEDICALLY	INDIGENT - ADULTS	- TOTAL			
					Mo	ONTHLY AVERA	GE

					Ivi	ONIALI AVERA	1GE	
2,243 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	OST UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	677	3,101	\$ 1,069,507.18	\$ 344.89		\$ 1579.77	\$	476.82
COMM HOSP INPATIENT TOTAL	195	892	1,020,004.17	1143.50	.398	5230.79		454.75
HSC HOSPITALS	22	229	329,330.14	1438.1	.102	14969.55		146.83
NON-HSC HOSPITALS TOTAL	176	663	690,674.03	1041.7	.296	3924.28		307.92
ACCOMMODATIONS	171	663	260,639.56	393.1	.296	1524.21		116.20
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.003	1387.80		.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	171	657	259,251.76	394.60	.293	1516.09		115.58
ANCILLARIES	176	0	430,034.47	.00	.000	2443.38		191.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	541	2,209	49,503.01	22.43	L .985	91.50		22.07
MEDICAL	42	67	2,401.58	35.8	.030	57.18		1.07
SURGERY	29	34	993.38	29.2	.015	34.25		.44
PATHOLOGY	321	1,171	15,246.45	13.0	.522	47.50		6.80
RADIOLOGY	107	121	10,398.77	85.9	.054	97.18		4.64
ROOM USE	232	309	13,213.50	42.7	.138	56.95		5.89
CROSSOVERS/ALL OTH OUTPINT	215	507	7,249.33	14.30	.226	33.72		3.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	42	1,332	\$ 546,935.52	\$ 410.63	L .594	\$ 13022.27	\$	243.84
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	25	857	491,534.71	573.5	.382	19661.39		219.14
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	17	475	55,400.81	116.63	.212	3258.87		24.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	394	992	\$	18,364.15	\$	18.51	.442	\$	46.61	\$	8.19
PATHOLOGY	393	991		18,304.65		18.47	.442		46.58		8.16
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.03
@ORGANIZED OUTPATIENT CLINIC	1,194	2,672	\$	329,914.85	\$	123.47	1.191	\$	276.31	\$	147.09
CLINIC	5	24		404.49		16.85	.011		80.90		.18
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,189	2,648		329,510.36		124.44	1.181		277.13		146.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 17,176
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES F	OR MEDICAL	LY	INDIGENT - ADULTS	- TOT	'AL					

----- MONTHLY AVERAGE -----2,243 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 253 2,789 39,063.33 \$ 14.01 1.243 \$ 154.40 \$ 17.42 20 37 139.70 258.45 DURABLE MED. EQUIP. 5,168.94 .016 2.30 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 43 MEDICAL TRANSPORTATION 1,263 16,197.34 12.82 .563 376.68 7.22 AMBULANCES/AIR TRANS 1,261 13,122.34 10.41 .562 305.17 5.85 OTHER TRANS 0 0 .00 .000 .00 .00 .00 OTHER SERVICES 3,075.00 1537.50 .001 1537.50 1.37 ACUPUNCTURE Ω .00 .00 .000 .00 .00 .000 0 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 112 11,657.50 104.08 104.08 5.20 GENETIC DISEASE TESTING .050 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 102 930.48 OPTICIAN 9.12 .045 22.15 .41 .001 PHYSICAL THERAPIST 3 236.34 78.78 78.78 .11 PORTABLE X-RAY 3 6 206.16 34.36 .003 68.72 .09 59 3,379.30 57.28 1.51 PROSTHETIST/ORTHOTISTS 32 .026 105.60 PROSTHETICS 11 33 1,154.42 34.98 .015 104.95 .51 ORTHOTICS 26 2,224.88 85.57 .012 89.00 .99 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 1,207 1,287.27 1.07 .538 143.03 .57 @CALIF. CHILDREN SERVICES* 286,768.29 9250.59 \$ 293.82 .435 \$ 127.85 @XOVER EXCLUDING STATE HOSP** 0 0 .00 \$.00 .000 \$.00 \$.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR ALL AGED

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

84,363 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
	67 560	OR DAYS OF CARE		FF 040 714 63	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	67,569	2,390,251 \$		55,842,714.63	\$ 23.36	28.333 \$		\$	661.93
@PHYSICIANS SERVICES	13,103	44,740 \$		727,295.49	\$ 16.26	.530 \$		\$	8.62
OUTPATIENT VISITS	566	784		34,149.08	43.56	.009	60.33		.40
OFFICE VISITS	439	609		21,187.94	34.79	.007	48.26		. 25
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	153	172		12,909.14	75.05	.002	84.37		.15
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	3		52.00	17.33	.000	26.00		.00
INPATIENT VISITS	125	443		18,850.41	42.55	.005	150.80		. 22
HOSPITAL VISITS	101	398		17,530.01	44.05	.005	173.56		. 21
CRITICAL CARE	2	2		243.20	121.60	.000	121.60		.00
SNF/ICF/TRANS IP CARE	25	43		1,077.20	25.05	.001	43.09		.01
OPHTHALMOLOGICAL SERVICES	53	62		2,224.50	35.88	.001	41.97		.03
EXAMINATIONS	53	62		2,224.50	35.88	.001	41.97		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	51	180		16,623.43	92.35	.002	325.95		. 20
PRINCIPAL SURGEON	40	52		12,523.48	240.84	.001	313.09		.15
ASSISTANT SURGEON	3	3		1,029.41	343.14	.000	343.14		.01
ANESTHESIOLOGIST	15	125		3,070.54	24.56	.001	204.70		.04
OUTPATIENT SURGERY	101	237		32,263.13	136.13	.003	319.44		.38
PRINCIPAL SURGEON	84	107		29,796.42	278.47	.001	354.72		. 35
ASSISTANT SURGEON	1	1		44.31	44.31	.000	44.31		.00
ANESTHESIOLOGIST	20	129		2,422.40	18.78	.002	121.12		.03
DIALYSIS	52	152		17,407.90	114.53	.002	334.77		.21
PATHOLOGY	99	297		1,852.00	6.24	.004	18.71		.02
RADIOLOGY	385	836		26,816.65	32.08	.010	69.65		.32
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	29	380		11,192.41	29.45	.005	385.95		.13
OTHER SERVICES/ALL X-OVERS	12,289	41,369		565,915.98	13.68	.490	46.05		6.71
@PHARMACY	57,837	796,101 \$		16,419,608.26	\$ 20.63	9.437 \$		\$	194.63
PRESCRIPTION DRUGS	57,096	249,426		15,832,025.74	63.47	2.957	277.29		187.67
SNF/ICF	9,409	59,764		3,017,817.11	50.50	.708	320.74		35.77
OUTPATIENTS	47,984	189,662		12,814,208.63	67.56	2.248	267.05		151.89
MEDICAL SUPPLIES	6,873	546,675		587,582.52	1.07	6.480	85.49	_	6.96
@DENTIST	3,548	15,121 \$		699,182.98	\$ 46.24	.179 \$		Ş	8.29
VISITS - DIAGNOSTIC	2,337	8,846		111,129.89	12.56	.105	47.55		1.32
ORAL SURGERY	581	1,762		89,223.43	50.64	.021	153.57		1.06
DRUGS	6	12		60.00	5.00	.000	10.00		.00
ANESTHESIA	21	21		1,600.00	76.19	.000	76.19		.02
PERIODONTICS	265	279		32,314.25	115.82	.003	121.94		.38
ENDODONTICS	138	177		38,164.00	215.62	.002	276.55		.45
RESTORATIVE DENTISTRY	669	1,641		137,712.83	83.92	.019	205.85		1.63
PROSTHETICS	32	34		898.00	26.41	.000	28.06		.01
DENTURES, STAYPLATES	883	2,242		288,080.58	128.49	.027	326.25		3.41
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	•	ŭ		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES				.00	.00	.000	.00		.00
ALL OTHER SERVICES	MEDI CAI CEDVIC	107	MON	.00	.00	.001	.00	Ъ	.00
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	CES AND EXPENDITURES	MON	NIH-OF-PAYMENI RI	EPORI FOR JAN .	ZUUS IHRU DE	C 2003	PI	AGE 17,178 01/29/04
MOP024		•							01/29/04
TULARE COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED				MON	ערבע אנטטעע.	CE	
84,363 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
OT,JOJ ELLEGICO	CALGU	OR DAYS OF CARE		FVLFMDTIOKFQ	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2,279	5,932 \$		107,281.33	\$ 18.09	.070 \$			1.27
DIAGNOSTIC AND ANC. PROCED	214	223		9,847.08	44.16	.003	46.01	Y	.12
Ellionobile law lawe. Inoced	211	223		2,011.00	11.10	.005	10.01		• 12

EYE APPLIANCES	1,585	4,512		77,780.31		17.24	.053		49.07		.92
OTHER OPTOMETRIC SERVICES	764	1,197		19,653.94		16.42	.014		25.73		.23
@CHIROPRACTOR	91	151	\$	1,507.41	\$	9.98	.002	Ś	16.56	Ś	.02
VISITS	1	2	Ψ.	33.44	Ψ.	16.72	.000	Ψ.	33.44	Ψ.	.00
OTHER SERVICES	91	149		1,473.97		9.89	.002		16.20		.02
			۸.		4			4		4	
@PODIATRIST	1,623	3,064	\$	20,482.38	\$	6.68	.036	Þ	12.62	Ş	.24
MEDICINE/INJECTIONS	8	8		244.40		30.55	.000		30.55		.00
SURGERY/ANES.	1	1		13.00		13.00	.000		13.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	1,614	3,053		20,190.38		6.61	.036		12.51		.24
@HOME HEALTH AGENCY	9	48	\$	3,030.12	\$	63.13	.001	\$	336.68	\$.04
NURSE ANESTHESIST	6	55	Ś	417.65	\$	7.59		\$	69.61	\$.00
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ	.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	1	2	Ġ	59.09	\$	29.55		\$	59.09	\$.00
@TOTAL HOSPITAL	4,477	23,202	\$	3,630,009.82	\$			\$	810.81		43.03
			Ą		Ą			Ą		Ą	
HOSP INPATIENT TOTAL	1,452	6,360		3,277,297.79		515.30	.075		2257.09		38.85
HSC HOSPITALS	40	198		194,636.12		983.01	.002		4865.90		2.31
NON-HSC HOSPITAL TOTAL	212	1,148		2,142,037.35		1865.89	.014		10103.95		25.39
ACCOMMODATIONS	208	1,148		442,728.30		385.65	.014		2128.50		5.25
ADMINISTRATIVE DAYS	6	56		12,683.10		226.48	.001		2113.85		.15
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	203	1,092		430,045.20		393.81	.013		2118.45		5.10
ANCILLARIES	212	0		1,699,309.05		.00	.000		8015.61		20.14
INPATIENT CROSSOVERS	1,204	5,014		940,624.32		187.60	.059		781.25		11.15
ALL OTHER INPATIENT	1,204	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,170	16,842		352,712.03		20.94	.200		111.27		4.18
MEDICAL	126	240		10,646.27		44.36	.003		84.49		.13
SURGERY	46	50		4,216.52		84.33	.001		91.66		.05
PATHOLOGY	267	1,299		13,933.06		10.73	.015		52.18		.17
RADIOLOGY	233	413		26,293.91		63.67	.005		112.85		.31
ROOM USE	183	340		12,490.79		36.74	.004		68.26		.15
CROSSOVERS/ALL OTH OUTPTNT	2,873	14,500		285,131.48		19.66	.172		99.25		3.38
@COUNTY HOSPITAL TOTAL	24	69	\$	13,578.26	Ś	196.79		\$		Ś	.16
CO HOSPITAL INPATIENT TOTAL		9	т	12,680.00	т.	1408.89	.000	т	4226.67	т.	.15
HSC HOSPITALS	2	9		11,840.00		1315.56	.000		5920.00		.14
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	22	60		898.26		14.97	.001		40.83		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	9		42.63		4.74	.000		42.63		.00
	2	3		396.48		132.16					.00
RADIOLOGY							.000		198.24		
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		48		459.15		9.57	.001		24.17		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M	IONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU D	EC	2003	P	AGE 17,179
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR ALL AGEI)								
							MC	NT	HLY AVERA	GE ·	
84,363 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST					COST PER
01,000 =================================	00210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,453	23,133	\$	3,616,431.56	\$.274	Ġ	812.13		42.87
COMM HOSP INPATIENT TOTAL	1,449	6,351	Y	3,264,617.79	Ą	514.03	.075	Y	2253.01	ų	38.70
HSC HOSPITALS	38	189		182,796.12		967.18	.002		4810.42		2.17

NON-HSC HOSPITALS TOTAL	212	1,148	2,142,037.35	1865.89	.014	10103.95	25.39
ACCOMMODATIONS	208	1,148	442,728.30	385.65	.014	2128.50	5.25
ADMINISTRATIVE DAYS	6	56	12,683.10	226.48	.001	2113.85	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	203	1,092	430,045.20	393.81	.013	2118.45	5.10
ANCILLARIES	212	0	1,699,309.05	.00	.000	8015.61	20.14
INPATIENT CROSSOVERS	1,203	5,014	939,784.32	187.43	.059	781.20	11.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,148	16,782	351,813.77	20.96	.199	111.76	4.17
MEDICAL	126	240	10,646.27	44.36	.003	84.49	.13
SURGERY	46	50	4,216.52	84.33	.001	91.66	.05
PATHOLOGY	266	1,290	13,890.43	10.77	.015	52.22	.16
RADIOLOGY	231	410	25,897.43	63.16	.005	112.11	.31
ROOM USE	183	340	12,490.79	36.74	.004	68.26	.15
CROSSOVERS/ALL OTH OUTPTNT	2,854	14,452	284,672.33	19.70	.171	99.75	3.37
@STATE HOSPITAL	35	1,065	\$ 432,631.33	\$ 406.23	.013	\$ 12360.90	\$ 5.13

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	35	1,065		432,631.33		406.23	.013		12360.90		5.13
@NURSING FACILITY	10,229	287,971	\$	29,944,457.07	\$	103.98	3.413	\$	2927.41	\$	354.95
LEV A-INTERMEDIATE	1	28		1,606.57		57.38	.000		1606.57		.02
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	47	1,346		765,953.11		569.06	.016		16296.87		9.08
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10,187	286,597		29,176,897.39		101.80	3.397		2864.13		345.85
@INTERMEDIATE CARE FACILDD	65	1,972	\$	273,240.25	\$	138.56	.023	\$	4203.70	\$	3.24
ICF DDH	54	1,646		220,038.87		133.68	.020		4074.79		2.61
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	11	326		53,201.38		163.19	.004		4836.49		.63
@HEMODIALYSIS TOTAL	483	4,655	\$	403,689.32	\$	86.72	.055	\$	835.80	\$	4.79
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	483	4,655		403,689.32		86.72	.055		835.80		4.79
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	620	2,196	\$	24,356.22	\$	11.09	.026	\$	39.28	\$.29
PATHOLOGY	344	1,680		20,834.69		12.40	.020		60.57		.25
XO AND OTHERS	276	516		3,521.53		6.82	.006		12.76		.04
@ORGANIZED OUTPATIENT CLINIC	8,156	13,854	\$	669,163.96	\$	48.30	.164	\$	82.05	\$	7.93
CLINIC	7	90		2,023.44		22.48	.001		289.06		.02
SURGICENTER	204	274		40,042.92		146.14	.003		196.29		.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,977	13,490		627,097.60		46.49	.160		78.61		7.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES 1	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 17,180
MOP024	FEE-FOR-SERVICE/DENT	TAL .									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR ALL AG	GED								
							M	ONT	HLY AVERA	GE ·	

84,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13,593	1,190,122 \$	2,486,301.95	\$ 2.09	14.107 \$		
DURABLE MED. EQUIP.	736	4,569	413,728.20	90.55	.054	562.13	4.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	603	875	195,631.45	223.58	.010	324.43	2.32
MEDICAL TRANSPORTATION	2,495	114,176	430,205.14	3.77	1.353	172.43	5.10
AMBULANCES/AIR TRANS	322	2,301	40,106.91	17.43	.027	124.56	.48
OTHER TRANS	1,953	109,010	376,490.77	3.45	1.292	192.78	4.46
OTHER SERVICES	349	2,865	13,607.46	4.75	.034	38.99	.16
ACUPUNCTURE	13	17	383.84	22.58	.000	29.53	.00
ADULT DAY HEALTH CARE CTR	39	636	43,939.06	69.09	.008	1126.64	.52
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1,012	8,121	420,450.76	51.77	.096	415.47	4.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,354	5,408	73,876.87	13.66	.064	31.38	.88
PHYSICAL THERAPIST	2	15	17.91	1.19	.000	8.96	.00
PORTABLE X-RAY	195	364	576.13	1.58	.004	2.95	.01
PROSTHETIST/ORTHOTISTS	155	358	10,145.12	28.34	.004	65.45	.12
PROSTHETICS	142	338	7,958.82	23.55	.004	56.05	.09
ORTHOTICS	13	20	2,186.30	109.32	.000	168.18	.03
PSYCHOLOGIST	31	54	1,297.88	24.03	.001	41.87	.02
SPEECH AND AUDIOLOGY	412	788	67,772.42	86.01	.009	164.50	.80
HOSPICE SERVICES	103	2,864	295,827.57	103.29	.034	2872.11	3.51
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 7,137 1,051,876 532,344.60 .51 12.468 74.59 6.31 @CALIF. CHILDREN SERVICES* 4 5 \$ 328.78 \$ 65.76 .000 \$ 82.20 \$.00 @XOVER EXCLUDING STATE HOSP** 24,143 264,098 \$ 3,659,113.65 \$ 13.86 3.130 \$ 151.56 \$ 43.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,181
MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1021112 0001111	Sommer of Serv	. 1020 1011 1122 2221				MON	THLY AVERA	GE	
4,535 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
-,	0.0	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,871		\$	4,384,867.75	\$ 9.66	100.117 \$			966.89
@PHYSICIANS SERVICES	1,156	•	\$	137,055.13	\$ 23.29	1.297 \$			30.22
OUTPATIENT VISITS	372	520	τ	22,425.34	43.13	.115	60.28	т	4.94
OFFICE VISITS	260	336		10,681.14	31.79	.074	41.08		2.36
HOME VISITS	1	1		51.60	51.60	.000	51.60		.01
EMERGENCY ROOM	115	153		10,433.16	68.19	.034	90.72		2.30
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	25	30		1,259.44	41.98	.007	50.38		.28
INPATIENT VISITS	75	486		16,676.60	34.31	.107	222.35		3.68
HOSPITAL VISITS	71	463		14,748.16	31.85	.102	207.72		3.25
CRITICAL CARE	5	15		1,818.84	121.26	.003	363.77		.40
SNF/ICF/TRANS IP CARE	2	8		109.60	13.70	.002	54.80		.02
OPHTHALMOLOGICAL SERVICES	62	91		3,757.50	41.29	.020	60.60		.83
EXAMINATIONS	61	90		3,708.20	41.20	.020	60.79		.82
SERVICES AND MATERIALS	1	1		49.30	49.30	.000	49.30		.01
INPATIENT HOSPITAL SURGERY	29	116		10,386.37	89.54	.026	358.15		2.29
PRINCIPAL SURGEON	23	33		8,310.41	251.83	.007	361.32		1.83
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	11	83		2,075.96	25.01	.018	188.72		.46
OUTPATIENT SURGERY	53	150		18,414.43	122.76	.033	347.44		4.06
PRINCIPAL SURGEON	45	56		16,026.96	286.20	.012	356.15		3.53
ASSISTANT SURGEON	1	1		223.38	223.38	.000	223.38		.05
ANESTHESIOLOGIST	12	93		2,164.09	23.27	.021	180.34		.48
DIALYSIS	41	167		12,560.27	75.21	.037	306.35		2.77
PATHOLOGY	54	71		757.50	10.67	.016	14.03		.17
RADIOLOGY	163	358		13,110.07	36.62	.079	80.43		2.89
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	11	13		3,333.65	256.43	.003	303.06		.74
OTHER SERVICES/ALL X-OVERS	695	3,912		35,633.40	9.11	.863	51.27		7.86
@PHARMACY	3,137		\$	1,266,609.37	\$ 13.73	20.340 \$		Ġ	279.30
PRESCRIPTION DRUGS	3,076	14,185	Ą	1,184,610.28	83.51	3.128	385.11	Ą	261.22
SNF/ICF	117	855		41,634.27	48.70	.189	355.85		9.18
OUTPATIENTS	2,970	13,330		1,142,976.01	85.74	2.939	384.84		252.03
MEDICAL SUPPLIES	749	78,056		81,999.09	1.05	17.212	109.48		18.08
@DENTIST	140		\$	25,779.39	\$ 43.25	.131 \$		Ġ	5.68
VISITS - DIAGNOSTIC	89	338	٧	4,199.32	12.42	.075	47.18	٧	.93
ORAL SURGERY	19	72		3,479.00	48.32	.016	183.11		.77
DRUGS	1	2		30.00	15.00	.000	30.00		.01
ANESTHESIA	2	2		200.00	100.00	.000	100.00		.04
PERIODONTICS	17	20		1,649.00	82.45	.004	97.00		.36
ENDODONTICS	4	4		1,180.00	295.00	.001	295.00		.26
RESTORATIVE DENTISTRY	29	78		5,652.00	72.46	.017	194.90		1.25
PROSTHETICS	2	2		30.00	15.00	.000	15.00		.01
DENTURES, STAYPLATES	25	71		9,227.00	129.96	.016	369.08		2.03
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		98.07	98.07	.000	98.07		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
TIGICIONED, DIDEOCITIONS	0	0		.00	. 00	.000	.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

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#CALIF DEPT OF HEALTH SERV

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.00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,182

FEE-FOR-SERVICE/DENTAL

01/29/04

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TULARE COUNTY		SERVICES FOR	ATT DITATE
TULARE COUNTY	SUMMARY OF	SERVICES FOR	ALIL BLIND

TULARE COUNTY	SUMMARY OF SERV	VICES FOR ALL BLIN	1D								
							MC			GE	
4,535 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3			COST PER
	5.0	OR DAYS OF CARE				R UNIT/DAY		_	USER	_	ELIGIBLE
@OPTOMETRIST	76	225	\$	6,639.80	\$	29.51	.050	Ş	87.37	Ş	1.46
DIAGNOSTIC AND ANC. PROCED	29	31		1,581.81		51.03	.007		54.55		.35
EYE APPLIANCES	61	170		4,797.86		28.22	.037		78.65		1.06
OTHER OPTOMETRIC SERVICES	14	24	4.	260.13	4.	10.84	.005		18.58	4.	.06
@CHIROPRACTOR	1	1	\$	7.76	\$	7.76	.000	Ş		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1	4.	7.76	4.	7.76	.000		7.76	4.	.00
@PODIATRIST	112	239	\$	2,177.21	\$	9.11	.053	Ş	19.44	\$.48
MEDICINE/INJECTIONS	15	16		450.40		28.15	.004		30.03		.10
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		22.49		11.25	.000		22.49		.00
OTHER	98	221		1,704.32		7.71	.049		17.39		.38
@HOME HEALTH AGENCY	29	2,044	\$	63,477.42	\$	31.06		\$	2188.88	\$	14.00
NURSE ANESTHESIST	2	38	\$	163.79	\$	4.31	.008	\$	81.90	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	512	3,087	\$	769,314.80	\$	249.21		\$	1502.57	\$	169.64
HOSP INPATIENT TOTAL	116	648		700,523.10		1081.05	.143		6038.99		154.47
HSC HOSPITALS	9	60		86,801.68		1446.69	.013		9644.63		19.14
NON-HSC HOSPITAL TOTAL	54	347		569,733.35		1641.88	.077		10550.62		125.63
ACCOMMODATIONS	54	347		126,777.00		365.35	.077		2347.72		27.96
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	53	345		126,314.40		366.13	.076		2383.29		27.85
ANCILLARIES	54	0		442,956.35		.00	.000		8202.90		97.68
INPATIENT CROSSOVERS	54	241		43,988.07		182.52	.053		814.59		9.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	436	2,439		68,791.70		28.20	.538		157.78		15.17
MEDICAL	79	115		7,247.49		63.02	.025		91.74		1.60
SURGERY	38	44		4,805.15		109.21	.010		126.45		1.06
PATHOLOGY	188	902		10,585.07		11.74	.199		56.30		2.33
RADIOLOGY	106	158		13,932.35		88.18	.035		131.44		3.07
ROOM USE	154	242		10,937.39		45.20	.053		71.02		2.41
CROSSOVERS/ALL OTH OUTPTNT		978		21,284.25		21.76	.216		95.02		4.69
@COUNTY HOSPITAL TOTAL	9	112	\$	9,468.36	\$	84.54		\$	1052.04	\$	2.09
CO HOSPITAL INPATIENT TOTAL		4		5,400.00		1350.00	.001		5400.00		1.19
HSC HOSPITALS	1	4		5,400.00		1350.00	.001		5400.00		1.19
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	108		4,068.36		37.67	.024		452.04		.90
MEDICAL	3	8		252.74		31.59	.002		84.25		.06
SURGERY	4	5		1,839.66		367.93	.001		459.92		.41
PATHOLOGY	5	53		601.39		11.35	.012		120.28		.13
RADIOLOGY	2	3		110.75		36.92	.001		55.38		.02
ROOM USE	7	26		1,173.49		45.13	.006		167.64		.26

CROSSOVERS/ALL OTH OUTPINT 4 13 90.33 6.95 .003 22.58 .02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,183
MODO 24 FEE-FOR-SERVICE/DENTAL 01/29/04

#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	LES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 17,183 01/29/04
TULARE COUNTY		/ICES FOR ALL BLIND	1				01/29/04
TOLIANE COUNTY	DOMMANT OF DERN	TOES FOR ALL BEIND	•		MON	THLY AVERA	TE
4,535 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	02210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	504	2 975 ¢	759.846.44	¢ 255 41			\$ 167.55
COMM HOSP INPATIENT TOTAL	115	644	759,846.44 695,123.10	1079.38	.142	6044.55	153.28
HSC HOSPITALS	8	56	81.401.68	1453.60	.012	10175.21	17.95
NON-HSC HOSPITALS TOTAL	54	347	569.733.35	1453.60 1641.88	.077	10550.62	125.63
ACCOMMODATIONS	54	2,375 644 56 347 347 2 0 345 0 241 0 2,331 107 39 849 155 216	126.777.00	365.35	.077	2347.72	27.96
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	53	345	126,314.40	366.13	.076	2383.29	27.85
ANCILLARIES	54	0	442,956.35	.00	.000	8202.90	97.68
INPATIENT CROSSOVERS	54	241	43.988.07	182.52	.053	814.59	9.70
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	428	2.331	64.723.34	27.77	.514	151.22	14.27
MEDICAL	76	107	6.994.75	65.37	.024	92.04	1.54
SURGERY	35	39	2,965.49	76.04	.009	84.73	.65
PATHOLOGY	183	849	9,983.68	11.76	.187	54.56	2.20
RADIOLOGY	104	155	13,821.60	89.17	.034	132.90	3.05
ROOM USE	147	216	9,763.90	65.37 76.04 11.76 89.17 45.20	.048	66.42	2.15
CROSSOVERS/ALL OTH OUTPINT	220	965	21,193.92	21.96	.213	96.34	4.67
@STATE HOSPITAL	60	965 1,825 \$ 0		\$ 464.99		14143.59	
MENTALLY ILL	0	_,,,	.00	.00	.000	.00	.00
DEVELOP. DISABLED	60	1 825	848 615 42	464.99	.402	14143.59	187.13
@NURSING FACILITY	121	2,889 \$	367,719.23	\$ 127.28		3039.00	\$ 81.08
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUITE FREESTANDING	0	2,889 \$ 0 0 0 24 0 2,865 772 \$.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0 0 2 0 120 25	0	.00 13,921.68	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	24	13,921.68	580.07	.005	6960.84	3.07
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	120	2,865	353,797.55	123.49	.632	2948.31	78.01
@INTERMEDIATE CARE FACILDD	25	772 \$	140,502.31	\$ 182.00	.170 \$	5620.09	\$ 30.98
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	25	772	140,502.31	182.00	.170	5620.09	30.98
@HEMODIALYSIS TOTAL	227	4,683 \$	214,987.95	\$ 45.91		947.08	\$ 47.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	227	4,683	214,987.95	45.91	1.033	947.08	47.41
@REHABILITATION FACILITY	5	32 \$	588.79	\$ 18.40	.007 \$	117.76	\$.13
HOSPITAL BASED	5	32	588.79	18.40	.007	117.76	.13
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	151	859 \$	10,722.73	\$ 12.48	.189 \$	71.01	\$ 2.36
PATHOLOGY	136	837	10,594.32	12.66	.185	77.90	2.34
XO AND OTHERS	15	22	128.41	5.84	.005	8.56	.03
@ORGANIZED OUTPATIENT CLINIC	, , _	1,448 \$	107,784.49	\$ 74.44	.319 \$	139.26	\$ 23.77
CLINIC	6	8	617.78	77.22	.002	102.96	.14
SURGICENTER	7	25	1,348.49	53.94	.006	192.64	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	764	1,415	105,818.22	74.78	.312	138.51	23.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 17,184
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIND)				
					MON	THLY AVERAG	
4,535 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,073	337,166 \$	422,722.16	\$ 1.25	74.348 \$	393.96	\$ 93.21

DURABLE MED. EQUIP.	101	1,023	98,352.52	96.14	.226	973.79	21.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	31	8,764.95	282.74	.007	398.41	1.93
MEDICAL TRANSPORTATION	304	36,913	137,284.73	3.72	8.140	451.59	30.27
AMBULANCES/AIR TRANS	70	759	11,829.32	15.59	.167	168.99	2.61
OTHER TRANS	239	36,265	125,346.53	3.46	7.997	524.46	27.64
OTHER SERVICES	9	111CR	108.88	.98CR	.024CR	12.10	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	105	661	43,216.95	65.38	.146	411.59	9.53
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	97	263	8,994.77	34.20	.058	92.73	1.98
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	2.40	.80	.001	1.20	.00
PROSTHETIST/ORTHOTISTS	16	35	1,374.39	39.27	.008	85.90	.30

PROSTHETICS	16	35	1,374.39	39.27	.008	85.90	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.000	31.08	.01
SPEECH AND AUDIOLOGY	19	30	4,080.82	136.03	.007	214.78	.90
HOSPICE SERVICES	8	231	26,248.06	113.63	.051	3281.01	5.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	6,109	34,809.33	5.70	1.347	511.90	7.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	571	291,866	59,562.16	.20	64.359	104.31	13.13
@CALIF. CHILDREN SERVICES*	113	20,969	\$ 171,235.50	\$ 8.17	4.624	\$ 1515.36	\$ 37.76
@XOVER EXCLUDING STATE HOSP**	1,126	21,336	\$ 250,495.35	\$ 11.74	4.705	\$ 222.46	\$ 55.24

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01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

TULARE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						M	TNO	HLY AVERA	GE	
157,976 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	141,686	9,076,495	\$ 193,467,169.82	\$	21.32	57.455	\$	1365.46	\$	1224.66
@PHYSICIANS SERVICES	36,290	159,657	\$ 4,832,840.27	\$	30.27	1.011	\$	133.17	\$	30.59
OUTPATIENT VISITS	16,220	23,490	994,872.99		42.35	.149		61.34		6.30
OFFICE VISITS	10,088	13,734	433,892.71		31.59	.087		43.01		2.75
HOME VISITS	108	148	6,042.66		40.83	.001		55.95		.04
EMERGENCY ROOM	5,516	7,109	458,642.22		64.52	.045		83.15		2.90
PREVENTIVE CARE	5	5	279.99		56.00	.000		56.00		.00
OB VISITS/COMPRE PERI	70	350	9,252.22		26.43	.002		132.17		.06
OTHER OUTPATIENT	1,591	2,144	86,763.19		40.47	.014		54.53		.55
INPATIENT VISITS	2,695	13,661	676,599.11		49.53	.086		251.06		4.28
HOSPITAL VISITS	2,212	11,544	492,377.60		42.65	.073		222.59		3.12
CRITICAL CARE	196	887	135,922.65		153.24	.006		693.48		.86
SNF/ICF/TRANS IP CARE	494	1,230	48,298.86		39.27	.008		97.77		.31
OPHTHALMOLOGICAL SERVICES	517	718	30,228.86		42.10	.005		58.47		.19
EXAMINATIONS	514	713	30,143.86		42.28	.005		58.65		.19
SERVICES AND MATERIALS	5	5	85.00		17.00	.000		17.00		.00
INPATIENT HOSPITAL SURGERY	1,225	7,020	599,891.26		85.45	.044		489.71		3.80
PRINCIPAL SURGEON	946	1,549			303.92	.010		497.64		2.98
ASSISTANT SURGEON	64	68	15,263.95		224.47	.000		238.50		.10
ANESTHESIOLOGIST	410	5,403	113,857.20		21.07	.034		277.70		.72
OUTPATIENT SURGERY	2,029	4,659	437,428.17		93.89	.029		215.59		2.77
PRINCIPAL SURGEON	1,723	2,228	379,448.68		170.31	.014		220.23		2.40
ASSISTANT SURGEON	8	8	1,170.03		146.25	.000		146.25		.01
ANESTHESIOLOGIST	401	2,423	56,809.46		23.45	.015		141.67		.36
DIALYSIS	267	946	85,120.80		89.98	.006		318.80		.54
PATHOLOGY	2,188	5,502	56,351.33		10.24	.035		25.75		.36
RADIOLOGY	7,396	16,433	506,949.19		30.85	.104		68.54		3.21
PSYCHIATRY	10	17	515.08		30.30	.000		51.51		.00
IMMUNIZATION AND INJECTION	703	11,269	397,468.44		35.27	.071		565.39		2.52
OTHER SERVICES/ALL X-OVERS	17,211	75,942	1,047,415.04		13.79	.481		60.86		6.63
@PHARMACY	103,537	1,648,548	\$ 40,662,450.97	\$	24.67	10.435	\$	392.73	\$	
PRESCRIPTION DRUGS	101,808	475,445	38,612,484.17		81.21	3.010		379.27		244.42
SNF/ICF	3,907	29,330	1,944,678.63		66.30	.186		497.74		12.31
OUTPATIENTS	98,204	446,115				2.824		373.38		232.11
MEDICAL SUPPLIES	14,477	1,173,103	2,049,966.80		1.75	7.426		141.60		12.98
@DENTIST	9,542	48,833	\$ 1,894,107.10	\$	38.79	.309	\$	198.50	\$	11.99
VISITS - DIAGNOSTIC	6,387	30,587	334,691.03		10.94	.194		52.40		2.12
ORAL SURGERY	1,495	4,319	234,137.78		54.21	.027		156.61		1.48

DRUGS 15 30 285.00 9.50 .000	19.00	.00
ANESTHESIA 171 215 16,312.00 75.87 .001	95.39	.10
PERIODONTICS 1,164 1,354 158,702.10 117.21 .009	136.34	1.00
ENDODONTICS 597 879 182,342.00 207.44 .006	305.43	1.15
RESTORATIVE DENTISTRY 2,692 7,483 573,052.96 76.58 .047	212.87	3.63
PROSTHETICS 63 65 2,121.00 32.63 .000	33.67	.01
DENTURES, STAYPLATES 1,023 3,049 342,440.69 112.31 .019	334.74	2.17
SPACE MAINTAINERS 11 13 1,137.00 87.46 .000	103.36	.01
MAXILLOFACIAL SERVICES 177 196 19,247.54 98.20 .001	108.74	.12
FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 .000	800.00	.01
ORTHODONTIC SERVICES 233 288 28,838.00 100.13 .002	123.77	.18
, ,	.00	.00
	LC 2003	PAGE 17,186
MOP024 FEE-FOR-SERVICE/DENTAL		01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED		~-
MON		
·	COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG	USER	ELIGIBLE
@OPTOMETRIST 4,095 11,309 \$ 243,091.37 \$ 21.50 .072 \$		\$ 1.54
DIAGNOSTIC AND ANC. PROCED 1,861 1,915 87,405.99 45.64 .012	46.97	.55
EYE APPLIANCES 2,997 8,506 140,584.69 16.53 .054	46.91	.89
OTHER OPTOMETRIC SERVICES 584 888 15,100.69 17.01 .006	25.86	.10
@CHIROPRACTOR 611 1,103 \$ 17,774.48 \$ 16.11 .007 \$	29.09	\$.11
VISITS 509 925 15,423.75 16.67 .006	30.30	.10
@CHIROPRACTOR 611 1,103 \$ 17,774.48 \$ 16.11 .007 \$ VISITS 509 925 15,423.75 16.67 .006 OTHER SERVICES 106 178 2,350.73 13.21 .001 @PODIATRIST 1,787 3,659 \$ 46,073.32 \$ 12.59 .023 \$ MEDICINE / INJECTIONS 402 452 12,912.77 28.57 .003	22.18	.01
@PODIATRIST 1,787 3,659 \$ 46,073.32 \$ 12.59 .023 \$	25.78	\$.29
MEDICINE/INJECTIONS 402 452 12,912.77 28.57 .003	32.12	.08
SURGERY/ANES. 29 31 2,377.22 76.68 .000	81.97	.02
RADIO./PATHOLOGY 48 69 832.27 12.06 .000	17.34	.01
OTHER 1,370 3,107 29,951.06 9.64 .020	21.86	.19
OTHER SERVICES 106 178 2,350.73 13.21 .001 @PODIATRIST 1,787 3,659 \$ 46,073.32 \$ 12.59 .023 \$ MEDICINE/INJECTIONS 402 452 12,912.77 28.57 .003 SURGERY/ANES. 29 31 2,377.22 76.68 .000 RADIO./PATHOLOGY 48 69 832.27 12.06 .000 OTHER 1,370 3,107 29,951.06 9.64 .020 @HOME HEALTH AGENCY 771 31,764 \$ 1,019,909.26 \$ 32.11 .201 \$ NURSE ANESTHESIST 42 673 \$ 4,039.01 \$ 6.00 .004 \$ NURSE MIDWIFE 0 0 0 \$.00 \$.00 \$	1322.84	\$ 6.46
NURSE ANESTHESIST 42 673 \$ 4,039.01 \$ 6.00 .004 \$		\$.03
NURSE MIDWIFE 0 0 \$.00 \$.00 .000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER 1 2 \$ 49.52 \$ 24.76 .000 \$	49.52	\$.00
FAMILY NURSE PRACTITIONER 30 74 \$ 1,856.08 \$ 25.08 .000 \$		\$.01
@TOTAL HOSPITAL 20,172 137,018 \$ 28,819,198.25 \$ 210.33 .867 \$		
HOSP INPATIENT TOTAL 3,132 18,880 25,401,573.13 1345.42 .120	8110.34	160.79
HSC HOSPITALS 479 3.961 5.665.584.94 1430.34 .025	11827.94	35.86
NON-HSC HOSPITAL TOTAL 1,615 9,997 18,819,893.50 1882.55 .063	11653.18	119.13
ACCOMMODATIONS 1,584 9,997 3,983,421.07 398.46 .063	2514.79	25.22
ADMINISTRATIVE DAYS 41 222 48,341.04 217.75 .001	1179.05	.31
TRANSITIONAL IP CARE 0 0 .00 .00 .00	.00	.00
ALL OTHER ACCOM 1,559 9,775 3,935,080.03 402.57 .062	2524.11	24.91
ANCILLARIES 1,612 0 14,836,472.43 .00 .000	9203.77	93.92
INPATIENT CROSSOVERS 1,079 4,922 916,094.69 186.12 .031	849.02	5.80
ALL OTHER INPATIENT 0 0 .00 .00 .00	.00	.00
HOSP OUTPATIENT TOTAL 17,934 118,138 3,417,625.12 28.93 .748	190.57	21.63
MEDICAL 4,059 7,973 337,253.25 42.30 .050	83.09	2.13
SURGERY 1,432 1,976 140,886.48 71.30 .013	98.38	.89
PATHOLOGY 7,831 40,753 479,336.72 11.76 .258	61.21	3.03
RADIOLOGY 5,371 8,676 658,512.90 75.90 .055	122.61	4.17
ROOM USE 7,645 12,390 519,475.96 41.93 .078	67.95	3.29
CROSSOVERS/ALL OTH OUTPTNT 8,729 46,370 1,282,159.81 27.65 .294	146.89	8.12
@COUNTY HOSPITAL TOTAL 230 2,133 \$ 220,537.65 \$ 103.39 .014 \$		
CO HOSPITAL INPATIENT TOTAL 20 185 163,364.00 883.05 .001	8168.20	1.03
·	8405.11	1.03
NON-HSC HOSPITALS TOTAL 1 1 2,855.00 2855.00 .000 ACCOMMODATIONS 1 1 231.30 231.30 .000	2855.00	.02
	231.30	.00
ADMINISTRATIVE DAYS 1 1 231.30 231.30 .000 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00	231.30	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCTLLARTES	1	0		2,623.70	0.0	000	2623.70	.02
INPATIENT CROSSOVERS	1	31		812.00	26 19	.000	812.00	.01
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0 0 31 0 1,948 153 95 720 49 278 653		.00	26.19 .00 29.35 33.70 202.94 9.95 79.91 36.85	.000	0.0	0.0
CO HOSD OUTDATTENT TOTAL.	217	1 948		57 173 65	29 35	.012	263.47 51.05 876.34 102.36	.36
MEDICAL	101	152		57,173.65 5,155.77	22.33	.001	203.47 E1 0E	.03
	22	123		5,155.//	33.70	.001	31.03	.12
SURGERY		95		19,279.48	202.94	.001	8/6.34	.12
PATHOLOGY	70	/20		7,165.48	9.95	.005	102.36	.05
RADIOLOGY	39	49		3,915.67	79.91 36.85	.000	100.40	.02
ROOM USE	136	278		10,243.48	36.85	.002	75.32	.06
CROSSOVERS/ALL OTH OUTPTNT					17.48	.004	175.60	.07
#CALIF DEPT OF HEALTH SERV			TNOM	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 17,187
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR ALL DISABI	LED					
						MC	ONTHLY AVERA	GE
157,976 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19 983	134,885 \$		28,598,660.60	\$ 212.02			\$ 181.03
COMM HOSP INPATIENT TOTAL	3,114	18,695				.118	8104.76	159.76
HSC HOSPITALS	461			5,505,887.94	1350.00 1445.87	.024	11943.36	34.85
NON HEG HOGDINALS MOMAL	1 614	0,006		10 017 020 50	1000 46	.063	11543.30	110 11
NON-HSC HOSPITALS TOTAL	1,614	9,996		18,817,038.50	1882.46 398.48		11658.64	119.11
ACCOMMODATIONS	1,583	9,996		3,983,189.77	398.48	.063	2516.23	119.11 25.21
ADMINISTRATIVE DAYS	40	221		48,109.74	217.69	.001	1202.71	. 50
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0		.00	217.69 .00 402.57	.000	.00	.00
ALL OTHER ACCOM	1,559	9,775		3,935,080.03 14,833,848.73	402.57	.062	2524.11	24.91
ANCILLARIES	1,611	0		14,833,848.73	.00	.000	9207.85	93.90
INPATIENT CROSSOVERS	1,078	4,891		915,282.69	187.14 .00	.031	849.06	5.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17,754	116,190		3,360,451.47	28.92	.735	189.28	21.27
MEDICAL	3,960	7,820		332,097.48	.00 28.92 42.47 64.65 11.79 75.88	.050	83.86	2.10
SURGERY		1,881		121,607.00	64.65		86.18	.77
PATHOLOGY	7,771			472,171.24	11.79		60.76	2.99
RADIOLOGY	5,343	8,627		654,597.23	75.88	.055	122.51	4.14
ROOM USE	7,525	12 112		509 232 48	42 04	.077	67.67	3.22
CROSSOVERS/ALL OTH OUTPINT	9 669	45 717		1 270 746 04	42.04 27.80	.289	146.59	8.04
@STATE HOSPITAL	5,005	181,387 \$		1,270,746.04 79,588,836.47 19,201.82 79,569,634.65 14,124,675.98 31,990.66	¢ /20 70		\$ 13558.58	
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	5,870	0		10 201 02	\$ 1 30.70	1.140		
MENIALLY ILL	5 5,865 2,691	101 207		19,201.82	.00	.000 1.148	3840.36	.12
DEVELOP. DISABLED	5,865	181,387		79,569,634.65	438.67		13566.86	503.68
@NURSING FACILITY	2,691	74,512 \$		14,124,675.98	\$ 189.56		\$ 5248.86	
LEV A-INTERMEDIATE	13	374		31,990.66	85.54 117.79	.002	2460.82	.20
LEV B-REHAB MD	22	670		78,919.86	117.79	.004	3587.27	.50
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	343	12,000		6,607,759.10	550.65	.076	19264.60	41.83
LEV B-TRANSITIONAL IP CARE	2,327 1,700	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,327	61,468		7,406,006.36	120.49	.389	3182.64	46.88
@INTERMEDIATE CARE FACILDD	1,700	52,042 \$		8,372,607.48	\$ 160.88	.329	\$ 4925.06	\$ 53.00
ICF DDH	620	19,113		2,607,463.63	136.42	.121	4205.59	16.51
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1,081	32,929		5,765,143.85	175.08	.208	5333.16	36.49
@HEMODIALYSIS TOTAL	1,238	23,183 \$		1,191,022.16	\$ 51.37		\$ 962.05	
HOSPITAL BASED	8	22		35,294.96	1604.32	.000	4411.87	.22
HEMODIALYSIS CENTER	1,230	23,161		1,155,727.20	49.90	.147	939.62	7.32
@REHABILITATION FACILITY	219	1,879 \$		45,824.18	\$ 24.39	.012		
	210	1,837		45,025.29	24.51	.012	214.41	.29
HOSPITAL BASED	9							
INDEPENDENT FACILITY		42		798.89	19.02	.000	88.77	.01
@LABORATORY FACILITY	6,685	29,043 \$		398,845.44 392,142.86 6,702.58	\$ 13.73	.184		
PATHOLOGY	6,373	28,487		392,142.86	13.77	.180	61.53	2.48
XO AND OTHERS	315	556			12.06	.004	21.28	.04
@ORGANIZED OUTPATIENT CLINIC	39,122	68,641 \$		5,938,193.65	\$ 86.51	.435		
CLINIC	32	112		3,428.86	30.61	.001	107.15	.02

1,505 SURGICENTER 365 69,407.44 46.12 .010 190.16 .44 .001 HEROIN DETOX CLINIC 21 190 2,190.25 11.53 104.30 .01 RURAL HEALTH CLINIC .423 151.08 38,809 66,834 5,863,167.10 87.73 37.11 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,188 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

----- MONTHLY AVERAGE -----

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01/29/04

						MC	NIHLY AVERA	ئ ان
157,976 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	27,315	6,603,168	\$	6,265,774.83	\$.95	41.799	\$ 229.39	\$ 39.66
DURABLE MED. EQUIP.	2,617	13,201		2,164,807.69	163.99	.084	827.21	13.70
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	434	652		120,195.23	184.35	.004	276.95	.76
MEDICAL TRANSPORTATION	4,054	187,723		899,388.88	4.79	1.188	221.85	5.69
AMBULANCES/AIR TRANS	2,554	32,091		402,577.44	12.54	.203	157.63	2.55
OTHER TRANS	1,367	151,154		460,821.51	3.05	.957	337.10	2.92
OTHER SERVICES	325	4,478		35,989.93	8.04	.028	110.74	.23
ACUPUNCTURE	24	39		773.11	19.82	.000	32.21	.00
ADULT DAY HEALTH CARE CTR	38	503		34,846.73	69.28	.003	917.02	.22
GENETIC DISEASE TESTING	37	37		3,885.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	416	4,611		221,753.33	48.09	.029	533.06	1.40
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4,809	10,922		147,138.59	13.47	.069	30.60	.93
PHYSICAL THERAPIST	2	33		205.23	6.22	.000	102.62	.00
PORTABLE X-RAY	68	169		2,433.84	14.40	.001	35.79	.02
PROSTHETIST/ORTHOTISTS	569	1,669		159,406.40	95.51	.011	280.15	1.01
PROSTHETICS	544	1,635		156,908.10	95.97	.010	288.43	.99
ORTHOTICS	28	34		2,498.30	73.48	.000	89.23	.02
PSYCHOLOGIST	82	464		11,315.35	24.39	.003	137.99	.07
SPEECH AND AUDIOLOGY	657	2,256		126,813.33	56.21	.014	193.02	.80
HOSPICE SERVICES	76	1,924		218,990.45	113.82	.012	2881.45	1.39
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,664	85,601		494,556.89	5.78	.542	134.98	3.13
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12,615	6,293,364		1,659,264.78	.26	39.837	131.53	10.50
@CALIF. CHILDREN SERVICES*	5,313	433,489	\$	7,077,005.77	\$ 16.33	2.744	\$ 1332.02	\$ 44.80
@XOVER EXCLUDING STATE HOSP**	24,383	455,202	\$	3,852,848.64	\$ 8.46	2.881	\$ 158.01	\$ 24.39
e* TOTAL THE THEOR LINES ADD CT	ומחש מים א מים או	TATE TATE ODMATT AT THE	TAO ME	T 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

CRITICAL CARE

FEE-FOR-SERVICE/DENTAL
ITY SUMMARY OF SERVICES FOR ALL FAMILIES MOP024 TULARE COUNTY

----- MONTHLY AVERAGE -----265,854 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 72,511,221.13 \$ 65.12 4.188 \$ 215.76 \$ 272.75 4,284,614.21 \$ 60.84 .265 \$ 173.99 \$ 16.12 1,005,043.24 41.30 .092 68.54 3.78 212,579.47 36.72 .022 47.12 .80 1,828.29 48.11 .000 76.18 .01 470,675.32 55.50 .032 64.16 1.77 4,573.67 53.18 .000 53.81 .02 249,305.75 29.93 .031 133.25 .94 66,080.74 41.07 .006 48.45 .25 924,545.48 91.48 .038 391.26 3.48 323,872.12 50.39 .024 154.22 1.22 600,375.66 163.59 .014 1710.47 2.26 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 336,068 1,113,459 \$ @TOTAL, ALL PROVIDERS 24,625 70,423 @PHYSICIANS SERVICES 24,333 5,789 38 8,481 OUTPATIENT VISITS 14,663 4,511 OFFICE VISITS 24 HOME VISITS 7,336 EMERGENCY ROOM 85 PREVENTIVE CARE 86 8,330 1,609 10,106 1,871 OB VISITS/COMPRE PERI OTHER OUTPATIENT 1,364 2,363 INPATIENT VISITS 6,427 2,100 HOSPITAL VISITS

3,670

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	8	9	297.70	33.08	.000	37.21	.00
OPHTHALMOLOGICAL SERVICES	271	351	16,428.25	46.80	.001	60.62	.06
EXAMINATIONS	269	349	16,357.67	46.87	.001	60.81	.06
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	2,416	9,047	1,262,057.82	139.50	.034	522.37	4.75
PRINCIPAL SURGEON	1,697	2,056	1,049,829.65	510.62	.008	618.64	3.95
ASSISTANT SURGEON	166	172	33,412.87	194.26	.001	201.28	.13
ANESTHESIOLOGIST	831	6,819	178,815.30	26.22	.026	215.18	.67
OUTPATIENT SURGERY	1,878	4,148	378,805.41	91.32	.016	201.71	1.42
PRINCIPAL SURGEON	1,542	1,941	317,055.26	163.35	.007	205.61	1.19
ASSISTANT SURGEON	8	8	989.43	123.68	.000	123.68	.00
ANESTHESIOLOGIST	496	2,199	60,760.72	27.63	.008	122.50	.23
DIALYSIS	40	288	12,346.09	42.87	.001	308.65	.05
PATHOLOGY	1,767	3,620	61,430.05	16.97	.014	34.77	.23
RADIOLOGY	6,512	10,695	325,711.31	30.45	.040	50.02	1.23
PSYCHIATRY	9	19	723.78	38.09	.000	80.42	.00
- 0 - 0 - 1 - 1 - 1 - 1		±2	723.70	55.05	. 500	00.12	

IMMUNIZATION AND INJECTION	334	1,223		44,047.82		36.02	.005		131.88		.17	
OTHER SERVICES/ALL X-OVERS	2,997	6,593		253,474.96		38.45	.025		84.58		.95	
@PHARMACY	33,899	107,575	\$	4,172,479.16	\$	38.79	.405	\$	123.09	\$	15.69	
PRESCRIPTION DRUGS	33,109	72,921	•	3,522,810.66		48.31	.274		106.40		13.25	
SNF/ICF	64	293		22,891.52		78.13	.001		357.68		.09	
OUTPATIENTS	33,058	72,628		3,499,919.14		48.19	.273		105.87		13.16	
MEDICAL SUPPLIES	1,965	34,654		649,668.50		18.75	.130		330.62		2.44	
@DENTIST	49,038	299,254	Ś	9,502,148.99	\$	31.75	1.126	\$	193.77	\$	35.74	
VISITS - DIAGNOSTIC	34,539	193,790	•	2,368,378.24		12.22	.729		68.57		8.91	
ORAL SURGERY	7,682	16,064		1,020,126.84		63.50	.060		132.79		3.84	
DRUGS	240	322		5,907.50		18.35	.001		24.61		.02	
ANESTHESIA	1,369	1,956		131,291.00		67.12	.007		95.90		.49	
PERIODONTICS	2,195	2,240		285,253.48		127.35	.008		129.96		1.07	
ENDODONTICS	5,001	8,735		1,191,143.95		136.36	.033		238.18		4.48	
RESTORATIVE DENTISTRY	19,268	66,202		3,810,752.59		57.56	.249		197.78		14.33	
DDAGTUTTTCG	170	190		3,954.00		20.81	.001		23.26		.01	
DENTURES, STAYPLATES	613 523 562	2,473		190,966.50		77.22	.009		311.53		.72	
SPACE MAINTAINERS	523	650		66,713.93		102.64	.002		127.56		. 25	
MAXILLOFACIAL SERVICES	562	570		61,207.80		107.38	.002		108.91		. 23	
FRACTURES, DISLOCATIONS	4	7		5,150.00		735.71	.000		1287.50		.02	
ORTHODONTIC SERVICES	3,474	4,313		358,131.16		83.04	.016		103.09		1.35	
ALL OTHER SERVICES	1,619	1,742		3,172.00		1.82	.007		1.96		.01	
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT R	EPOR		2003 THRU	DEC	2003	P	AGE 17,190	
MOP024	FEE-FOR-SERVICE										01/29/04	
TULARE COUNTY	SUMMARY OF SERV	ICES FOR ALL FAM	ILIE	IS								
							M	ONT	HLY AVERA	GE.		
265,854 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER	
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@OPTOMETRIST	1,666	4,693	\$	116,446.75	\$	24.81	.018	\$	69.90	\$.44	
DIAGNOSTIC AND ANC. PROCED	1,464	1,476		69,149.12		46.85	.006		47.23		.26	
EYE APPLIANCES	1,096	3,185		46,642.63		14.64	.012		42.56		.18	
OTHER OPTOMETRIC SERVICES	27	32		655.00		20.47	.000		24.26		.00	
@CHIROPRACTOR	882	1,506	\$	25,159.42	\$	16.71	.006	\$	28.53	\$.09	
VISITS	882	1,506		25,159.42		16.71	.006		28.53		.09	
OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
@PODIATRIST	42	88	\$	3,567.79	\$	40.54	.000	\$	84.95	\$.01	
MEDICINE/INJECTIONS	36	46		1,657.53		36.03	.000		46.04		.01	
SURGERY/ANES.	882 0 42 36 5 12	7		882.90		126.13	.000		176.58		.00	
RADIO./PATHOLOGY	12	21		236.16		11.25	.000		19.68		.00	
		14		791.20		56.51	.000		113.03		.00	
@HOME HEALTH AGENCY	235	729	\$	46,244.47	\$	63.44	.003		196.78	\$.17	
NURSE ANESTHESIST	73	363	\$	8,317.54	\$	22.91	.001		113.94	\$.03	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00	
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000			\$.00	
FAMILY NURSE PRACTITIONER	15	26	\$	1,070.54	\$	41.17	.000		71.37	\$.00	
@TOTAL HOSPITAL	19,863	87,256	\$	25,168,923.53	\$	288.45	.328	\$	1267.13	\$	94.67	
HOSP INPATIENT TOTAL	3,398	16,175		23,142,038.02		1430.73	.061		6810.49		87.05	
HSC HOSPITALS	908 2,504 2,452 3 0	6,722		10,946,566.22		1628.47	.025		12055.69		41.18	
NON-HSC HOSPITAL TOTAL	2,504	9,334		12,167,289.80		1303.55	.035		4859.14		45.77	
ACCOMMODATIONS	2,452	9,334		3,575,054.08		383.01	.035		1458.02		13.45	
ADMINISTRATIVE DAYS	3	15		3,298.25		219.88	.000		1099.42		.01	
		0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	2,450	9,319		3,571,755.83		383.28	.035		1457.86		13.44	
ANCILLARIES	2,503	0		8,592,235.72		.00	.000		3432.77		32.32	
TNDATTENT CDCCCCTEDC				20 102 00		226 02	000		2522 75		11	

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2,026,885.51

221,442.13 69,968.76

334,019.23

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7.62

.83

.26

1.26

17,291

3,088

1,178

7,230

8

119

0

71,081

4,666

1,405

27,878

MEDICAL

SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

RADIOLOGY	4,731	6,320		455,577.24		72.09	.024	96.30		1.71
ROOM USE	10,488	13,523		553,388.06		40.92	.051	52.76		2.08
	7 476	17,289								
CROSSOVERS/ALL OTH OUTPTNT	1,4/0		_	392,490.09		22.70	.065	52.50		1.48
@COUNTY HOSPITAL TOTAL	168		\$	445,831.96	Ş	602.48		\$ 2653.76	Ş	1.68
CO HOSPITAL INPATIENT TOTAL	35	341		431,456.10		1265.27	.001	12327.32		1.62
HSC HOSPITALS	35	341		431,456.10		1265.27	.001	12327.32		1.62
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		. 0.0		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		0.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		
ALL OTHER ACCOM	0	U		.00		.00	.000	.00		
ANCILLARIES INPATIENT CROSSOVERS	0	0 0 0 0 0 0 0 0 0 399		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00 104.93 48.59 254.15		.00
CO HOSP OUTPATIENT TOTAL	137	399		14,375.86		36.03	.002	104.93		.05
MEDICAL	33	399 38 9		1,603.31		42.19	.000	48.59 254.15		.01
SURGERY	7	9		1,779.03		42.19 197.67	.000	254 15		.01
PATHOLOGY	37 24	1 2 1		1,442.56		11 02	.000	38.99		.01
	24	2.2		2,264.95		11.92 70.78	.000	94.37		.01
RADIOLOGY	24	34		2,204.95		70.70	.000			
ROOM USE	55	121 32 73 126		2,758.27		37.78 35.93	.000	50.15		.01
CROSSOVERS/ALL OTH OUTPINT	58	126		4,527.74		35.93	.000	78.06		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	S MO	NTH-OF-PAYMENT R	REPORT	r for Jan	2003 THRU I	DEC 2003	P.	AGE 17,191
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMI	LIES							
								NTHLY AVERA	GE	
265,854 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			ושמ		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	19.711	86,516	\$	24,723,091.57 22,710,581.92	Ġ	285.76	. 325	\$ 1254.28	Ġ	92.99
COMM HOSP INDATIENT TOTAL	3 364	15,834	Τ	22,710,581.92	т	1434.29	.060	6751.06	Τ.	85.43
HSC HOSPITALS	974	6,381		10,515,110.12		1647 88	.024	12031.02		39.55
	874 2,504	0,301				1647.88 1303.55 383.01 219.88	.024			
NON-HSC HOSPITALS TOTAL	2,504	9,334		12,167,289.80		1303.55	.035	4859.14		45.77
ACCOMMODATIONS ADMINISTRATIVE DAYS	2,452	9,334		3,575,054.08		383.UI	.035	1458.02		13.45
ADMINISTRATIVE DAYS	3	9,334 15 0		3,298.25		219.88	.000	1099.42		.01
TRANSITIONAL IP CARE	0 2,450	0		.00		.00 383.28	.000	.00		.00
ALL OTHER ACCOM	2,450	9,319		3,571,755.83		383.28	.035	1457.86		13.44
ANCILLARIES	2,503	0		8,592,235.72		.00	.000	3432.77		32.32
INPATIENT CROSSOVERS	8	9,319 0 119		28.182.00		.00 236.82	.000	3522.75		.11
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	119 0 70,682		.00		.00	.000	.00		.00
COMM HOSD OUTDATTENT TOTAL	17 169	70 682		2,012,509.65		28 47	. 266	117.22		7.57
MEDICAL	3,055	4,628		219,838.82		47 50	.017			.83
	3,033 1 171	1 206				47.50 48.85	.017	71.96 58.23		.26
SURGERY	1,171	1,390		68,189.73						
PATHOLOGY	7,198	1,396 27,757		332,576.67		11.98	.104	46.20		1.25
RADIOLOGY	4 7/119	6 788		453,312.29		72.09	.024	96.27		1.71
ROOM USE	10,440 7,421	13,450 17,163		550,629.79		40.94	.051	52.74		2.07
CROSSOVERS/ALL OTH OUTPINT	7,421	17,163		387,962.35		22.60	.065	52.28		1.46
@STATE HOSPITAL	2	31	\$	12,356.84	\$	398.61	.000	\$ 6178.42	\$.05
MENTALLY ILL	2	31		12,356.84		398.61	.000	6178.42		.05
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	28	576	Ś	128,287.04	Ś	222.72		\$ 4581.68	Ś	.48
LEV A-INTERMEDIATE	0	0	Υ	.00	٧	.00	.000	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		
	-									.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	4	117		58,070.75		496.33	.000	14517.69		. 22
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	25	459		70,216.29		152.98	.002	2808.65		.26
@INTERMEDIATE CARE FACILDD	12	351	\$	63,805.49	\$	181.78	.001	\$ 5317.12	\$.24
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	12	351		63,805.49		181.78	.001	5317.12		. 24
@HEMODIALYSIS TOTAL	46		\$	99,416.99	\$	52.11		\$ 2161.24	\$.37
		,	•	,		- · ·				

HOSPITAL BASED	4	12		11,938.76		994.90	.000		2984.69		.04
HEMODIALYSIS CENTER	42	1,896		87,478.23		46.14	.007		2082.82		.33
@REHABILITATION FACILITY	142	883	\$	25,746.49	\$	29.16	.003	\$	181.31	\$.10
HOSPITAL BASED	132	599		20,951.55		34.98	.002		158.72		.08
TARREST TO A CT I THE	10	284		4.794.94					479.49		.02
######################################	142 132 10 5,830	284 17,017	\$	4,794.94 318,653.11	Ś	18 73	.064	Ś		Ś	
PATHOLOGY	5,820	17,017	Y	317,930.86	٧	18.70	.064	Y	54.63	٧	1.20
XO AND OTHERS	13	17,004					.000		55.56		.00
@ORGANIZED OUTPATIENT CLINIC	100 676	287,113	ė,	722.25 26,229,840.74 9,044.97	بغ	01 36	1 000	ė.	136.13	بے	
	192,070		Ą	20,229,040.74	Ą	91.36 25.27	1.000			Ą	
CLINIC	103	358		9,044.97		25.27	.001		87.82		.03
SURGICENTER	69	347		12,317.80		35.50	.001		178.52		.05
HEROIN DETOX CLINIC	18	200		2,289.56		11.45 91.56	.001		127.20		.01
RURAL HEALTH CLINIC	192,512					91.56	1.077		136.13		98.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU 1	DEC	2003	Ρ	AGE 17,192
	FEE-FOR-SERVICE	E/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR ALL FAM	ILIE	ES							
							M	ONTI	HLY AVERA	GE	
265,854 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST					COST PER
•		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	61,912	233,667		2,304,142.03		9.86	.879				
DURABLE MED. EQUIP.			Ψ.		τ	74.19	.003	Ψ.	230.29	~	.25
BI'UUD BANK	0	0		.00		00	.000		.00		.00
BLOOD BANK HEARING AID DISPENSERS	288 0 7	25 32,609 28,792		461 6E		.00 18.47	000		65.95		.00
MEDICAL TRANSPORTATION	1 266	22 600		396,750.04 292,390.96		10.17	122		200 45		1.49
	1,300	32,009		390,750.04		12.17	100		290.45 216.75		1.49
AMBULANCES/AIR TRANS	1,366 1,349 15	28,792		292,390.96		10.10	.000 .123 .108 .014		Z10./5		
OTHER TRANS	15	3,758 59 19 28		8,266.62	_	2.20 628.69	.014		551.11		.03
OTHER SERVICES	60	59		96,092.46	-	.628.69	.000		1601.54		.36
ACUPUNCTURE	13	19		383.85		20.20 69.19	.000		29.53		.00
ADULT DAY HEALTH CARE CTR	4	28		1,937.32		69.19	.000		484.33		.01
GENETIC DISEASE TESTING	1,824	1,829		96,092.46 383.85 1,937.32 189,187.50 .00		103.44	.007		103.72		.71
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0		.00			.000		.00		.00
OCCUPATIONAL THERAPIST	0 9,729	0		.00 198,617.54		.00	.000		.00		.00
OPTICIAN		20,000				9.51	.079		20.42		.75
PHYSICAL THERAPIST	36	145		6,817.87		47.02	.001		189.39		.03
	Λ	0		.00		.00	.000		.00 .00 .20.42 189.39 .00 156.26		.00
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	531	1,284 901		82,975.59		64.62	.005		156.26		.31
PROSTHETICS	261	901		48,751.62		54.11	.003		186.79		.18
ORTHOTICS	368	383		34,223.97		89.36	.001		93.00		.13
DOMOTION OCTOR	7.4	E1/		31,163.28		60.63	.002		421.13		.12
CDEECH VND VIDTOLOGA	110	316		20,135.31		63 72	.001		170.64		.08
JOSPICE SERVICES	110	103		11,944.39		63.72 115.96 8.66	.000		2986.10		.04
HONTING DIRECTOR CENTERS	4	103		11,944.39		115.96					
SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	40.440	29 125,113		251.16		8.66	.000		125.58		.00
LOCAL EDUCATION AGENCIES	48,449	125,113		1,272,175.39		10.17	.471		26.26		4.79
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0 0 0 49,873 90,417		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	106	49,873		25,018.19		.50	.188		236.02		.09
@CALIF. CHILDREN SERVICES*	7,151	90,417	\$	12,797,911.69					1789.67		48.14
@XOVER EXCLUDING STATE HOSP**	104	1,267	\$	54,229.35	\$	42.80	.005	\$	521.44	\$.20
@* TOTALS IN THESE LINES ARE (TIVEN AS A SEDAE	ATE INFORMATION I	тем	ONT.V:							

11,938.76 994.90

.000 2984.69

.04

HOSPITAL BASED

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,193
MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

						MC	NTHLY AVERA	AGE	
20,315 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18,056	109,231	\$ 6,692,246.47	\$	61.27	5.377	\$ 370.64	\$	329.42
@PHYSICIANS SERVICES	3,405	10,901	\$ 538,383.28	\$	49.39	.537	\$ 158.12	\$	26.50

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2,171	4,816	165,268.50	34.32	.237	76.13	8.14
OFFICE VISITS	903	1,132	40,339.67	35.64	.056	44.67	1.99
HOME VISITS	5	6	333.51	55.59	.000	66.70	.02
EMERGENCY ROOM	752	859	48,912.21	56.94	.042	65.04	2.41
PREVENTIVE CARE	12	12	713.48	59.46	.001	59.46	.04
	479						
OB VISITS/COMPRE PERI		2,657	69,734.15	26.25	.131	145.58	3.43
OTHER OUTPATIENT	141	150	5,235.48	34.90	.007	37.13	.26
INPATIENT VISITS	340	1,203	88,673.64	73.71	.059	260.80	4.36
HOSPITAL VISITS	271	765	35,696.65	46.66	.038	131.72	1.76
CRITICAL CARE	35	352	49,655.08	141.07	.017	1418.72	2.44
SNF/ICF/TRANS IP CARE	39	86	3,321.91	38.63	.004	85.18	.16
OPHTHALMOLOGICAL SERVICES	34	42	1,830.50	43.58	.002	53.84	.09
EXAMINATIONS	34	42	1,830.50	43.58	.002	53.84	.09
	0	0	.00	.00	.002	.00	.00
SERVICES AND MATERIALS		_					
INPATIENT HOSPITAL SURGERY	300	1,127	147,459.05	130.84	.055	491.53	7.26
PRINCIPAL SURGEON	205	243	120,358.67	495.30	.012	587.12	5.92
ASSISTANT SURGEON	23	22	4,132.69	187.85	.001	179.68	.20
ANESTHESIOLOGIST	114	862	22,967.69	26.64	.042	201.47	1.13
OUTPATIENT SURGERY	258	620	47,657.94	76.87	.031	184.72	2.35
PRINCIPAL SURGEON	217	300	39,745.36	132.48	.015	183.16	1.96
ASSISTANT SURGEON	3	7	994.93	142.13	.000	331.64	.05
	72	313	6,917.65	22.10	.015	96.08	.34
ANESTHESIOLOGIST							
DIALYSIS	3	4	843.53	210.88	.000	281.18	.04
PATHOLOGY	285	744	9,054.81	12.17	.037	31.77	.45
RADIOLOGY	816	1,302	38,848.66	29.84	.064	47.61	1.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	57	124	4,090.35	32.99	.006	71.76	.20
OTHER SERVICES/ALL X-OVERS		919	34,656.30	37.71	.045	83.51	1.71
@PHARMACY	5,893	19,022 \$	729,064.50	\$ 38.33	.936 \$	123.72	\$ 35.89
PRESCRIPTION DRUGS	5,826	13,327	698,746.81	52.43	.656	119.94	34.40
SNF/ICF	77	512	36,548.98	71.38	.025	474.66	1.80
OUTPATIENTS	77 5,759 224 1,390 984 208 7 46 46	12,815	662,197.83	51.67	.631	114.98	32.60
MEDICAL SUPPLIES	224	5,695	30,317.69	5.32	.280	135.35	1.49
@DENTIST	1 390	8,133 \$	255,462.12	\$ 31.41	.400 \$	183.79	
VISITS - DIAGNOSTIC	1,320	5,433	68,453.51	12.60	.267	69.57	3.37
ORAL SURGERY	200	489	41,835.54	85.55	.024	201.13	2.06
ORAL SURGERI	200						
DRUGS	/	_ 8	115.00	14.38	.000	16.43	.01
ANESTHESIA	46	53	4,275.00	80.66	.003	92.93	.21
PERIODONTICS	46	50	4,525.00	90.50	.002	98.37	.22
ENDODONTICS	102	172	30,059.00	174.76	.008	294.70	1.48
RESTORATIVE DENTISTRY	480	1,635	83,501.50	51.07	.080	173.96	4.11
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	641.28	320.64	.000	641.28	.03
SPACE MAINTAINERS	7	9	675.00	75.00	.000	96.43	.03
MAXILLOFACIAL SERVICES	12	15	956.29	63.75	.001	79.69	.05
FRACTURES, DISLOCATIONS	1	3	2,100.00	700.00	.000	2100.00	.10
ODMIODONMIA GEDIAGEA	1	206	18,325.00			118.23	.90
ORTHODONTIC SERVICES	480 0 1 7 12 1 155		•	88.96	.010		
ALL OIDER SERVICES	4 /	58	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MON'I'H-OF-PAYMEN'I' RI	EPORT FOR JAN 2	2003 THRU DEC	2 2003	PAGE 17,194
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDICA	ALLY INDIGENT				
					MONT	CHLY AVERAG	E
20,315 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	330	895 \$	22,592.88	\$ 25.24	.044 \$	68.46	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	293	294	13,695.34	46.58	.014	46.74	.67
EYE APPLIANCES				14.69	.029	42.49	.43
	205	593	8.709.47				
OTHER OPTOMETER C SERVICES	205 6	593 8	8,709.47 188.07				
OTHER OPTOMETRIC SERVICES	6	8	188.07	23.51	.000	31.35	.01
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS							.01

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	20	\$ 838.48	\$ 41.92	.001	\$ 83.85	\$.04
MEDICINE/INJECTIONS	8	9	340.61	37.85	.000	42.58	.02
SURGERY/ANES.	1	1	208.86	208.86	.000	208.86	.01
RADIO./PATHOLOGY	4	6	73.53	12.26	.000	18.38	.00
OTHER	2	4	215.48	53.87	.000	107.74	.01
@HOME HEALTH AGENCY	29	2,315	\$ 69,815.96	\$ 30.16	.114	\$ 2407.45	\$ 3.44
NURSE ANESTHESIST	9	38	\$ 825.73	\$ 21.73	.002	\$ 91.75	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	7	\$ 166.82	\$ 23.83	.000	\$ 41.71	\$.01
@TOTAL HOSPITAL	2,367	9,874	\$ 2,639,128.65	\$ 267.28	.486	\$ 1114.97	\$ 129.91
HOSP INPATIENT TOTAL	378	1,854	2,432,210.88	1311.87	.091	6434.42	119.72
HSC HOSPITALS	89	778	1,242,536.77	1597.09	.038	13961.09	61.16
NON-HSC HOSPITAL TOTAL	293	1,065	1,188,862.11	1116.30	.052	4057.55	58.52
ACCOMMODATIONS	288	1,065	402,544.14	377.98	.052	1397.72	19.82

ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.000	1387.80	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	288	1,059	401,156.34	378.81	.052	1392.90	19.75
ANCILLARIES	293	0	786,317.97	.00	.000	2683.68	38.71
INPATIENT CROSSOVERS	1	11	812.00	73.82	.001	812.00	.04
ALL OTHER INDATIONS	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,085	8,020	206,917.77	25.80	.395	99.24	10.19
MEDICAL	373	580	22,961.62	39.59	.029	61.56	1.13
SURGERY	131	143	6,410.38	44.83	.007	48.93	.32
PATHOLOGY	949	3,505	44,029.76	12.56	.173	46.40	2.17
RADIOLOGY	506	620	36,894.25	59.51	.031	72.91	1.82
					.073	51.54	
ROOM USE	1,178	1,482	60,715.96	40.97			2.99
CROSSOVERS/ALL OTH OUTPTNT		1,690	35,905.80	21.25	.083	47.12	1.77
@COUNTY HOSPITAL TOTAL	22	133 \$	75,583.21	\$ 568.29		\$ 3435.60	
CO HOSPITAL INPATIENT TOTAL	3	55	73,242.03	1331.67	.003	24414.01	3.61
HSC HOSPITALS	3	55	73,242.03	1331.67	.003	24414.01	3.61
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	78	2,341.18	30.02	.004	117.06	.12
MEDICAL	6	7	280.42	40.06	.000	46.74	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	44	400.24	0 10	.002	50.03	.02
RADIOLOGY	5	7	765.55	109.36	.000	153.11	.04
ROOM USE	11	15	540.05	36.00	.001	49.10	.03
CROSSOVERS/ALL OTH OUTPINT	4	5	354 92	70 98	()()()	88 73	0.2
CROSSOVERS/ALL OTH OUTPTNT #CALLE DEPT OF HEALTH SERV		5 ES AND EXPENDITURES MO	354.92 NTH-OF-PAYMENT RI	70.98	.000 2003 THRII I	88.73 DEC 2003	.02 PAGE 17 195
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO					PAGE 17,195
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MC/DENTAL	NTH-OF-PAYMENT RI				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI		2003 THRU I	DEC 2003	PAGE 17,195 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MC /DENTAL ICES FOR ALL MEDICALI	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU I	DEC 2003 ONTHLY AVERA	PAGE 17,195 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MO /DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE	NTH-OF-PAYMENT RI	EPORT FOR JAN AVERAGE COST	2003 THRU I MO UNITS/DAYS	DEC 2003 DNTHLY AVERA S COST PER	PAGE 17,195 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE	NTH-OF-PAYMENT RI Y INDIGENT EXPENDITURES	EPORT FOR JAN AVERAGE COST PER UNIT/DAY	2003 THRU I MO UNITS/DAYS PER ELIG	DEC 2003 DNTHLY AVERA S COST PER USER	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346	ES AND EXPENDITURES MO /DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$	NTH-OF-PAYMENT RI Y INDIGENT EXPENDITURES 2,563,545.44	EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 263.17	2003 THRU I MC UNITS/DAYS PER ELIG .479	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375	ES AND EXPENDITURES MO/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799	NTH-OF-PAYMENT RI Y INDIGENT EXPENDITURES 2,563,545.44 2,358,968.85	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27	2003 THRU I MC UNITS/DAYS PER ELIG . 479 . 089	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723	NTH-OF-PAYMENT RI Y INDIGENT EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27	2003 THRU I MC UNITS/DAYS PER ELIG . 479 . 089 . 036	DEC 2003 DNTHLY AVERA S COST PER	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30	2003 THRU I MC UNITS/DAYS PER ELIG . 479 . 089 . 036 . 052	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30	2003 THRU I MG UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1.059	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052	DEC 2003 DNTHLY AVERA S COST PER	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293	ES AND EXPENDITURES MO/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 1,065 0 1,059 0	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81	2003 THRU I MG UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000	DEC 2003 DNTHLY AVERA S COST PER	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 00 401,156.34 786,317.97 812.00	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000	DEC 2003 DNTHLY AVERA COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0 2,066	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11 0 7,942	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00 204,576.59	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0 2,066 367	ES AND EXPENDITURES MO/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11,059 0 7,942 573	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00 204,576.59 22,681.20	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391 .028	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0 2,066 367 131	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11 0 7,942 573 143	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 000 401,156.34 786,317.97 812.00 204,576.59 22,681.20 6,410.38	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83	2003 THRU I MG UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391 .028 .007	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 99.02 61.80 48.93	PAGE 17,195 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0 2,066 367 131 941	ES AND EXPENDITURES MO/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11 0 7,942 573 143 3,461	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 00 401,156.34 786,317.97 812.00 204,576.59 22,681.20 6,410.38 43,629.52	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 00 378.81 00 73.82 00 25.76 39.58 44.83 12.61	2003 THRU I MG UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391 .028 .007 .170	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37	PAGE 17,195 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0 2,066 367 131 941 501	ES AND EXPENDITURES MO/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11 0 7,942 573 143 3,461 613	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94	2003 THRU I MC UNITS/DAYS PER ELIG	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37 72.11	PAGE 17,195 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 2,88 293 1 0 2,066 367 131 941 501 1,167	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 111 0 7,942 573 143 3,461 613 1,467	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 00 401,156.34 786,317.97 812.00 00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70 60,175.91	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94 41.02	2003 THRU I MG UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391 .028 .007 .170	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37 72.11 51.56	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12 .32 2.15 1.78 2.96
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0 2,066 367 131 941 501	ES AND EXPENDITURES MO/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11 0 7,942 573 143 3,461 613	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391 .028 .007 .170 .030 .072 .083	DEC 2003 DNTHLY AVERA COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37 72.11 51.56 46.90	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12 .32 2.15 1.78 2.96 1.75
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 2,88 293 1 0 2,066 367 131 941 501 1,167	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 111 0 7,942 573 143 3,461 613 1,467	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 00 401,156.34 786,317.97 812.00 00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70 60,175.91	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94 41.02	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391 .028 .007 .170 .030 .072 .083	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37 72.11 51.56	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12 .32 2.15 1.78 2.96 1.75
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 2,88 293 1 0 2,066 367 131 941 501 1,167 758	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 6 0 1,059 0 11 0 7,942 573 143 3,461 613 1,467 1,685	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 00 401,156.34 786,317.97 812.00 00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70 60,175.91 35,550.88	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94 41.02 21.10	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .052 .000 .001 .000 .391 .028 .007 .170 .030 .072 .083	DEC 2003 DNTHLY AVERA COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37 72.11 51.56 46.90	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12 .32 2.15 1.78 2.96 1.75
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 2,88 293 1 0 2,066 367 131 941 501 1,167 758 12	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 0 1,059 0 11 0 7,942 573 143 3,461 613 1,467 1,685 374 \$	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70 60,175.91 35,550.88 170,769.68	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94 41.02 21.10 \$ 456.60	2003 THRU I MC UNITS/DAYS PER ELIG .479 .089 .036 .052 .052 .000 .000 .001 .000 .391 .028 .007 .170 .030 .072 .083 .018	DEC 2003 DNTHLY AVERA COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.97 72.11 51.56 46.90 \$ 14230.81	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12 .32 2.15 1.78 2.96 1.75 \$ 8.41 8.41
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 2,88 293 1 0 2,066 367 131 941 501 1,167 758 12 12	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 1,065 0 1,059 0 11 0 7,942 573 143 3,461 613 1,467 1,685 374 374	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70 60,175.91 35,550.88 170,769.68	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94 41.02 21.10 \$ 456.60	2003 THRU I MC UNITS/DAYS PER ELIG	DEC 2003 DNTHLY AVERA S COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37 72.11 51.56 46.90 \$ 14230.81 14230.81	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12 .32 2.15 1.78 2.96 1.75 \$ 8.41 8.41
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 20,315 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,346 375 86 293 288 1 0 288 293 1 0 2,066 367 131 941 501 1,167 758 12 12 0	ES AND EXPENDITURES MC/DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 9,741 \$ 1,799 723 1,065 1,065 1,065 0 1,059 0 11 0 7,942 573 143 3,461 613 1,467 1,685 374 374 0	EXPENDITURES 2,563,545.44 2,358,968.85 1,169,294.74 1,188,862.11 402,544.14 1,387.80 .00 401,156.34 786,317.97 812.00 .00 204,576.59 22,681.20 6,410.38 43,629.52 36,128.70 60,175.91 35,550.88 170,769.68 170,769.68	AVERAGE COST PER UNIT/DAY \$ 263.17 1311.27 1617.28 1116.30 377.98 231.30 .00 378.81 .00 73.82 .00 25.76 39.58 44.83 12.61 58.94 41.02 21.10 \$ 456.60 456.60	2003 THRU I MC UNITS/DAYS PER ELIG	DEC 2003 DNTHLY AVERA COST PER USER \$ 1092.73 6290.58 13596.45 4057.55 1397.72 1387.80 .00 1392.90 2683.68 812.00 .00 99.02 61.80 48.93 46.37 72.11 51.56 46.90 \$ 14230.81 14230.81	PAGE 17,195 01/29/04 GE COST PER ELIGIBLE \$ 126.19 116.12 57.56 58.52 19.82 .07 .00 19.75 38.71 .04 .00 10.07 1.12 .32 2.15 1.78 2.96 1.75 \$ 8.41 8.41

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	25	857		491,534.71		573.55	.042		19661.39		24.20
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	475		55,400.81		116.63	.023		3258.87		2.73
@INTERMEDIATE CARE FACILDD	2	51	\$	9,250.29	\$	181.38		Ġ	4625.15	Ġ	.46
ICF DDH	0	0	Ą		Ą			Ą	.00	Ą	
	0			.00		.00	.000				.00
ICF DD		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	2	51		9,250.29		181.38	.003		4625.15		.46
@HEMODIALYSIS TOTAL	2	394	\$	9,347.34	\$	23.72	.019	\$	4673.67	\$.46
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	394		9,347.34		23.72	.019		4673.67		.46
@REHABILITATION FACILITY	20	82	\$	2,547.25	\$	31.06	.004	\$	127.36	\$.13
HOSPITAL BASED	19	81	•	2,530.95	•	31.25	.004		133.21	-	.12
INDEPENDENT FACILITY	1	1		16.30		16.30	.000		16.30		.00
@LABORATORY FACILITY	1,016	2,657	\$	45,712.20	\$	17.20	.131	Ś	44.99	\$	2.25
PATHOLOGY	1,015	2,656	٧	45,652.70	٧	17.19	.131	Y	44.98	Y	2.25
	1,013	2,030					.000		59.50		
XO AND OTHERS			4	59.50		59.50				4	.00
@ORGANIZED OUTPATIENT CLINIC	8,720	13,670	Ş		\$	108.35	.673	Ş	169.86	Ş	72.91
CLINIC	24	71		1,555.24		21.90	.003		64.80		.08
SURGICENTER	11	62		2,142.76		34.56	.003		194.80		.11
HEROIN DETOX CLINIC	1	13		152.63		11.74	.001		152.63		.01
RURAL HEALTH CLINIC	8,686	13,524		1,477,311.91		109.24	.666		170.08		72.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PI	AGE 17,196
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
TULARE COUNTY		VICES FOR ALL MED	TCALL	Y INDIGENT							
							M	ОИТ	HLY AVERA	GE -	
20,315 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	Δ1/F:	RACE COST	UNITS/DAY		COST PER		COST PER
20,313 111011110	OBLIE	OR DAYS OF CARE		EMI ENDITORES			PER ELIG	_	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,315	39,414	\$	169,373.79	\$		1.940		128.80		8.34
	41	185	Ą		Ą	186.88	.009	Ą	843.24	Ą	
DURABLE MED. EQUIP.				34,573.03							1.70
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	197	4,792		51,063.30		10.66	.236		259.20		2.51
AMBULANCES/AIR TRANS	197 196	4,788		44,388.30		9.27	.236		226.47		2.19
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	4	4		6,675.00		1668.75	.000		1668.75		.33
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	249	249		25,878.50		103.93	.012		103.93		1.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	383	838		7,438.09		8.88	.041		19.42		.37
OPTICIAN											
PHYSICAL THERAPIST	5	11		650.30		59.12	.001		130.06		.03
PORTABLE X-RAY	3	6		206.16		34.36	.000		68.72		.01
PROSTHETIST/ORTHOTISTS	59	100		7,042.98		70.43	.005		119.37		.35
PROSTHETICS	23	58		3,375.34		58.20	.003		146.75		.17
ORTHOTICS	41	42		3,667.64		87.32	.002		89.45		.18
PSYCHOLOGIST	24	152		8,556.15		56.29	.007		356.51		.42
SPEECH AND AUDIOLOGY	14	32		1,435.62		44.86	.002		102.54		.07
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	325	1,282		13,803.46		10.77	.063		42.47		.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	45	31,767		18,726.20		.59	1.564	4.	416.14		.92
@CALIF. CHILDREN SERVICES*	518	15,330	Ş	1,311,188.53	\$	85.53	.755	\$	2531.25	Ş	64.54
@XOVER EXCLUDING STATE HOSP**		0	\$	812.00	\$.00	.000	\$	812.00	\$.04
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAI	RATE INFORMATION I	TEM O	NLY;							

[@]CALIF. CHILDREN SERVICES*518@XOVER EXCLUDING STATE HOSP**1 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,197 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

							M	ONTHLY AVER	AGE	
24 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		101	COST PER
	OBERD	OR DAYS OF CARE		DIN DINDITONED			PER ELIG			ELIGIBLE
@TOTAL, ALL PROVIDERS	24	203	\$	14,093.14	\$	69.42	8.458		\$	587.21
@PHYSICIANS SERVICES	15	98	\$	1,000.79	\$	10.21	4.083		\$	41.70
	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
OUTPATIENT VISITS	0									
OFFICE VISITS	U	0		.00		.00	.000	.00		.00
HOME VISITS	U	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
	0	0		.00						
PRINCIPAL SURGEON	0	0				.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	U	0		.00		.00	.000	.00		.00
DIALYSIS	2	3		513.09		171.03	.125	256.55		21.38
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	13	95		487.70		5.13	3.958	37.52		20.32
@PHARMACY	12	52	\$	3,255.70	\$	62.61	2.167		\$	135.65
PRESCRIPTION DRUGS	11	43		2,960.66		68.85	1.792	269.15		123.36
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	11	43		2,960.66		68.85	1.792	269.15		123.36
MEDICAL SUPPLIES	3	9		295.04		32.78	.375	98.35		12.29
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	·	.00	•	.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0								
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	U	Ü		.00		.00	.000	.00		.00
SPACE MAINTAINERS	U	Ü		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	Ü	Ü		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALLE DEDE OF HEALEH CEDI	MEDT ONE ORDITE	THE TARGET OF DEL	TO MONTO	THE OF PASSMERTED DI		DOD TARE	2002 miini	DEG 2002		ACE 17 100

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024

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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR RENAL DIALYSIS

MOP024

TULARE COUNTY

AID CODES 71

TULARE COUNTY		SUMMARY OF SERVICE	S FOR RENAL I	DIALYSIS		AI	D CODES				
									-		E
24 EL:	IGIBLES	USERS UN	IITS OF SERVICE	E	EXPENDITURES	AVERA	GE COST	UNITS/DAY	S	COST PER	COST PER
		C	R DAYS OF CARE	<u> </u>		PER U	NIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST		0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND	D ANC. PROCED	0	0		.00		.00	.000		.00	.00
EYE APPLIANCES	S	0	0		.00		.00	.000		.00	.00
OTHER OPTOMETI	RIC SERVICES	0	0		.00		.00	.000		.00	.00
@CHIROPRACTOR		0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS		0	0		.00	·	.00	.000		.00	.00
OTHER SERVICES	S	0	0		.00		.00	.000		.00	.00
@PODIATRIST	-	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJE	CTIONS	0	Ö	4	.00	Ψ	.00	.000	Ψ.	.00	.00
SURGERY/ANES.	01101.0	0	Ö		.00		.00	.000		.00	.00
RADIO./PATHOLO	ngv	0	Ő		.00		.00	.000		.00	.00
OTHER	301	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AG	TNCV	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHES:		0	0	٠ د	.00	٠ ۲	.00	.000	\$.00	\$.00
	151	0	0	٠ ب	.00	ې بې		.000		.00	•
NURSE MIDWIFE		0	0	ې د		ې د	.00		\$		\$.00
PEDIATRIC NURSI		0	0	Ş C	.00	ې د	.00	.000	\$.00	\$.00
FAMILY NURSE PI	RACITITIONER	0	0	Ş d	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	T TOTAL	0	-	Ş	.00	Ş	.00	.000	Þ	.00	\$.00
HOSP INPATIENT		U	0		.00		.00	.000		.00	.00
HSC HOSPITALS		U	0		.00		.00	.000		.00	.00
NON-HSC HOSP		0	0		.00		.00	.000		.00	.00
ACCOMMODATIO		0	0		.00		.00	.000		.00	.00
ADMINISTRA:		0	0		.00		.00	.000		.00	.00
TRANSITION		0	0		.00		.00	.000		.00	.00
ALL OTHER A	ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES		0	0		.00		.00	.000		.00	.00
INPATIENT CR		0	0		.00		.00	.000		.00	.00
ALL OTHER IN		0	0		.00		.00	.000		.00	.00
HOSP OUTPATIE	NT TOTAL	0	0		.00		.00	.000		.00	.00
MEDICAL		0	0		.00		.00	.000		.00	.00
SURGERY		0	0		.00		.00	.000		.00	.00
PATHOLOGY		0	0		.00		.00	.000		.00	.00
RADIOLOGY		0	0		.00		.00	.000		.00	.00
ROOM USE		0	0		.00		.00	.000		.00	.00
CROSSOVERS/A	LL OTH OUTPTNT	0	0		.00		.00	.000		.00	.00
@COUNTY HOSPITAL	L TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL II	NPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	S	0	0		.00		.00	.000		.00	.00
NON-HSC HOSP:	ITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATI(ONS	0	0		.00		.00	.000		.00	.00
ADMINISTRA:	TIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITION	AL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER A	ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES		0	0		.00		.00	.000		.00	.00
INPATIENT CRO	OSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER IN	PATIENT	0	0		.00		.00	.000		.00	.00
CO HOSP OUTPAT	FIENT TOTAL	0	0		.00		.00	.000		.00	.00
MEDICAL		0	0		.00		.00	.000		.00	.00
SURGERY		0	0		.00		.00	.000		.00	.00
PATHOLOGY		0	0		.00		.00	.000		.00	.00
RADIOLOGY		0	0		.00		.00	.000		.00	.00
ROOM USE		0	0		.00		.00	.000		.00	.00
	LL OTH OUTPTNT	0	Ö		.00		.00	.000		.00	.00
#CALIF DEPT OF 1		MEDI-CAL SERVICES	AND EXPENDITUR	RES MONT		EPORT F			DEC		PAGE 17,199
MOD004											01 (00 (04

					MOI	NTHLY AVERA	GE.	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00

DARRIOLOGIA	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	Ġ	.00	.000	Ġ	.00	\$.00
	0		Ą		Ą			Ą		Ą	
MENTALLY ILL	Ü	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	Ü	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Y	
	U	•									.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	43	\$	9,682.96	\$	225.19	1.792	\$	968.30	\$	403.46
HOSPITAL BASED	0	0	т	.00	т.	.00	.000	т.	.00	т	.00
						225.19					
HEMODIALYSIS CENTER	10	43	4.	9,682.96	4.		1.792	4.	968.30	4.	403.46
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	Ô	0	\$.00	\$.00	.000	Ċ	.00	\$.00
PATHOLOGY	0		Y		Y			Ÿ		Y	
	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	Ü		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
CHINIC				.00					. 00		
	0	0									
SURGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0	0 0 0		.00 .00 .00		.00 .00 .00	.000 .000 .000		.00 .00 .00		.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC	•	•	RES M	.00	PORT	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	P	.00 .00 .00 AGE 17,200
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	•	ES AND EXPENDITU	RES M	.00 .00 .00	PORT	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	Pi	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU /DENTAL		.00 .00 .00 ONTH-OF-PAYMENT RE		.00 .00 .00 'FOR JAN 2	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	P	.00 .00 .00 AGE 17,200
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU		.00 .00 .00 ONTH-OF-PAYMENT RE		.00 .00 .00	.000 .000 .000 2003 THRU		.00		.00 .00 .00 AGE 17,200 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITU /DENTAL ICES FOR RENAL	DIALY	.00 .00 .00 ONTH-OF-PAYMENT RE		.00 .00 .00 FOR JAN 2	.000 .000 .000 2003 THRU	TNOI	.00 .00 .00 2003	GE ·	.00 .00 .00 AGE 17,200 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU /DENTAL TICES FOR RENAL UNITS OF SERVIC	DIALY E	.00 .00 .00 ONTH-OF-PAYMENT RE	AVE	.00 .00 .00 FOR JAN 2 AID CODES	.000 .000 .000 2003 THRU 71 M UNITS/DAY	IONT	.00 .00 .00 2003 HLY AVERA	GE (.00 .00 .00 AGE 17,200 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR	DIALY E E	.00 .00 .00 ONTH-OF-PAYMENT RE	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES GRAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	IONT S	.00 .00 .00 2003 THLY AVERA COST PER USER	GE (.00 .00 .00 AGE 17,200 01/29/04 COST PER ELIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITU /DENTAL TICES FOR RENAL UNITS OF SERVIC	DIALY E	.00 .00 .00 ONTH-OF-PAYMENT RE	AVE	.00 .00 .00 FOR JAN 2 AID CODES	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .417	IONT S	.00 .00 .00 2003 HLY AVERA	GE (.00 .00 .00 AGE 17,200 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR	DIALY E E	.00 .00 .00 ONTH-OF-PAYMENT RE	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES GRAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	IONT S	.00 .00 .00 2003 THLY AVERA COST PER USER	GE (.00 .00 .00 AGE 17,200 01/29/04 COST PER ELIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 10	DIALY E E	.00 .00 .00 IONTH-OF-PAYMENT RE SIS EXPENDITURES 153.69 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY 15.37 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .417 .000	IONT S	.00 .00 .00 2003 HLY AVERA COST PER USER 153.69 .00	GE (.00 .00 .00 AGE 17,200 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 10 0	DIALY E E	.00 .00 .00 IONTH-OF-PAYMENT RE TSIS EXPENDITURES 153.69 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY 15.37 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .417 .000 .000	IONT S	.00 .00 .00 2003 HLY AVERA COST PER USER 153.69 .00	GE (.00 .00 .00 AGE 17,200 01/29/04
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SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 10 0	DIALY E E	.00 .00 .00 .00 IONTH-OF-PAYMENT RE EXPENDITURES 153.69 .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY 15.37 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .417 .000 .000 .000	IONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER 153.69 .00 .00	GE (.00 .00 .00 AGE 17,200 01/29/04 COST PER ELIGIBLE 6.40 .00 .00
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SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY 15.37 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER 153.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE (.00 .00 .00 .00 .00 .01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY 15.37 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER 153.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE (.00 .00 .00 .00 .00 .00 .01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY 15.37 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER 153.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE (.00 .00 .00 .00 .01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 24 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITU /DENTAL ICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY 15.37 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER 153.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE (.00 .00 .00 .00 .00 .01/29/04

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SURGERY

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	10		153.69	15.37	.417	153.69	6.40
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	18	126	\$	7,760.66	\$ 61.59	5.250	\$ 431.15	\$ 323.36
* TOTAL OF THE TIME ADD CIVEN A	משעמעמשט ע ט	TATEODMATETOAT	TUTTA	ONTE SZ •				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,201 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY	SUMMARY OF SERV		тотат. г	TMTGA	TPAI. NITTPITTON	AID CODE:	z 73		01/25/01
IODAKE COUNTI	BOMMART OF BERV	ICED FOR	IOIAL	MICHINI	EKAL NOTKITION	AID CODE		THLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF	SEBVICE	7	EXPENDITURES	MITPACE COS	UNITS/DAYS		COST PER
00 EDIGIBLES	OBERD	OR DAYS			EXFENDITORES	PER UNIT/DA		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OK DAIS	0 0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0		0	۶ \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0		0	Ą	.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
	0		0		.00			.00	
EMERGENCY ROOM	0		0		.00	.00	.000		.00
PREVENTIVE CARE	0		0			.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	U		0		.00	.00	.000	.00	.00
INPATIENT VISITS	U		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	U		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPORT	r for Jan 2	003 THRU DE	C 2003	PAGE 17,202
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES F	OR TOTAL PAREN	TERAL NUTRITION	AID CODES	73		
					MON	THLY AVERAG	E

TULARE COUNTY	SUMMARY OF SERVICE	ES FOR T	FOTAL PA	ARENTER	AL NUTRITION	A	ID CODES					
								MC				
00 ELIGIBLES		NITS OF S			EXPENDITURES			UNITS/DAYS	5 (COST PER
	(OR DAYS (OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	•	.00	.000	-	.00	•	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	•	.00	.000	•	.00	•	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	Ś	.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	Ô		0	Š	.00	Š	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	Ô		0 0	Š	.00	Š	.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ġ	.00	Ċ	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	Ċ Ċ	.00	Ġ	.00	.000	Ŝ	.00	Ġ	.00
HOSP INPATIENT TOTAL	0		0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	. 0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00		\$		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000				.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0				.00					
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U		0		.00		.00	.000		.00		.00
ANCILLARIES	U		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U		U		.00		.00	.000		.00		.00

GO HOGD OURDARTENE HORAT	2	0	0.0	0.0	0.00	0.0	0.0
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.000		.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 20	JU3 THRU DEC	2003	PAGE 17,203
MOP024	FEE-FOR-SERVICE/DE			3.75 00550 5	7.0		01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	S FOR TOTAL PARENTER	AL NUTRITION	AID CODES 7			10
00 ELIGIBLES	USERS UN	ITC OF CEDULOR	EXPENDITURES	AVERAGE COST U	MONT	HLY AVERAC COST PER	COST PER
00 FILGIPLES		ITS OF SERVICE R DAYS OF CARE	EXPENDITORES		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0			.000		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	U	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$ 0	.00	\$.00	.000 \$.00	
ICF DDH	0	ŭ	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	ŭ	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		.00		.000		.00
@REHABILITATION FACILITY	v	υ γ			.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$ 0	.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	ŭ	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	U	U	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	•	U AND EXPENDITURES MONT	.00 u_oe_davment de	.00 DODT FOD JAN 20	000. ממששת מחנ	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CHI SEKVICES	TIND EVERNDIIOKED MONI	II-OL-PAIMENI KE	FORT FOR UAIN 20	OOS THRO DEC	∠ 003	PAGE 17,204

IULARE COUNTY	SUMMARY OF SERV	ICES FOR	IOIAL P	AKEN I	ERAL NUIRTIION	AID CODES	13			
							MC	ONTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,205 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

IULARE COUNTI	SUMMARI OF SER	VICES FOR IRCA ALLENS	AID (ODES 31 32 30	57		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 17,206
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		
					MONTH	ILY AVERAG	E

						M			GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 17,207
MOP024	FEE-FOR-SERVICE/DENTA						01/29/04
TIII ADE COINTV	CIIMMADV OF CEDUTOEC E	אד דסרא אד דביו	IC XID CODEC	51 52 56 5	. 7		

TULARE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

TULARE COUNTY	SUMMARY OF SERVICES FOR	IRCA AL	TEND	AID	CODES ST SZ	56 57			
						MC	NTHLY AVERA	4GE -	
00 ELIGIBLES	USERS UNITS C	F SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER		COST PER
	OR DAY	S OF CARE			PER UNIT/D		USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 17,208
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID	CODES 51 52 5	6 57		
					MON	THLY AVERAG	
00 ELIGIBLES	USERS UNITS O		EXPENDITURES	AVERAGE COS		COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DA		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HENDING AID DICDENCEDS	Λ	Λ	0.0	0.0	0.00	0.0	0.0

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,209
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

IODINED COOMIT	DOINIME OF DELL	VICED FOR THE THE	 MIIIIOOI DID IIID	COPL	33 30 31					
						MC	TNC	HLY AVERA	GE.	
10,666 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,577	27,372	\$ 4,373,930.20	\$	159.80	2.566	\$	955.63	\$	410.08
@PHYSICIANS SERVICES	1,579	5,855	\$ 403,030.33	\$	68.84	.549	\$	255.24	\$	37.79
OUTPATIENT VISITS	691	1,849	67,308.08		36.40	.173		97.41		6.31
OFFICE VISITS	101	120	4,901.28		40.84	.011		48.53		.46
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	319	367	23,245.98		63.34	.034		72.87		2.18

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	5	5	320.25	64.05	.000	64.05	.03
OB VISITS/COMPRE PERI	303	1,342	38,226.53	28.48	.126	126.16	3.58
OTHER OUTPATIENT	13	15	614.04	40.94	.001	47.23	.06
INPATIENT VISITS	301	839	56,772.20	67.67	.079	188.61	5.32
HOSPITAL VISITS	264	609	26,713.88	43.87	.057	101.19	2.50
CRITICAL CARE	27	172	27,572.32	160.30	.016	1021.20	2.59
SNF/ICF/TRANS IP CARE	19	58	2,486.00	42.86	.005	130.84	.23
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	393	1,233	205,987.15	167.06	.116	524.14	19.31
PRINCIPAL SURGEON	296	329	176,069.66	535.17	.031	594.83	16.51
ASSISTANT SURGEON	25	25	6,018.32	240.73	.002	240.73	.56
ANESTHESIOLOGIST	123	879	23,899.17	27.19	.082	194.30	2.24
OUTPATIENT SURGERY	82	204	14,751.76	72.31	.019	179.90	1.38
PRINCIPAL SURGEON	64	99	12,046.92	121.69	.009	188.23	1.13

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	25	105		2,704.84		25.76	.010		108.19		.25
DIALYSIS	22	45		6,156.58		136.81	.004		279.84		.58
PATHOLOGY	161	428		9,006.29		21.04	.040		55.94		.84
RADIOLOGY	490	951		29,553.54		31.08	.089		60.31		2.77
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	22	24		1,133.14		47.21	.002		51.51		.11
OTHER SERVICES/ALL X-OVERS	129	282		12,361.59		43.84	.026		95.83		1.16
@PHARMACY	1,558	3,358	\$	117,019.69	\$	34.85	.315	\$	75.11	\$	10.97
PRESCRIPTION DRUGS	1,513	3,127		104,729.98		33.49	.293		69.22		9.82
SNF/ICF	20	142		9,856.92		69.41	.013		492.85		.92
OUTPATIENTS	1,493	2,985		94,873.06		31.78	.280		63.55		8.89
MEDICAL SUPPLIES	109	231		12,289.71		53.20	.022		112.75		1.15
@DENTIST	20	97	\$	2,628.00	\$	27.09	.009	\$	131.40	\$.25
VISITS - DIAGNOSTIC	19	64		308.00		4.81	.006		16.21		.03
ORAL SURGERY	8	23		345.00		15.00	.002		43.13		.03
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.02
ENDODONTICS	1	1		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	3		1,775.00		591.67	.000		1775.00		.17
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	PA	GE 17,210
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICE	S FOR MI/MN	ALIE	N WITHOUT SIS AID	CODE	55 58 5F					

----- MONTHLY AVERAGE -----10,666 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 \$ DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 .00 0 .00 .00 .00 VISITS .00 .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 1,364.87 .002 68.24 .13 52.50 154.40 NURSE ANESTHESIST 73 1,543.98 21.15 .007 \$.14 0 .00 .00 .000 .00 .00 NURSE MIDWIFE 0 .00 .000 PEDIATRIC NURSE PRACTITIONER .00 .00 \$.00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 .00 .00 @TOTAL HOSPITAL 1,388 6,546 2,823,759.15 431.37 2034.41 264.74 .614 HOSP INPATIENT TOTAL 505 2,052 2,715,868.21 1323.52 .192 5377.96 254.63 HSC HOSPITALS 83 454 586,638.58 1292.16 .043 7067.93 55.00 NON-HSC HOSPITAL TOTAL 1,598 2,129,229.63 1332.43 .150 5009.95 199.63 373.13 1436.78 1,598 596,261.88 .150 55.90 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 0 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 596,261.88 ALL OTHER ACCOM 415 1,598 373.13 .150 1436.78 55.90 ANCILLARIES 424 1,532,967.75 .00 .000 3615.49 143.72

INPATIENT CROSSOVERS	0	0		0.0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		0.0	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,028	4,494	107,890.	94	24.01	.421	104.95	10.12
MEDICAL	111	178	9,645.	91	54.19	.017	86.90	.90
SURGERY	70	93	2,771.	27	29.80	.009	39.59	.26
PATHOLOGY	521	2,105	24,849.	44	11.80	.197	47.70	2.33
RADIOLOGY	268	335	20,407.	7	60.92	.031	76.15	1.91
ROOM USE	411	667	25,639.	29	38.44	.063	62.38	2.40
CROSSOVERS/ALL OTH OUTPTNT	446	1,116	24,577.	96	22.02	.105	55.11	2.30
@COUNTY HOSPITAL TOTAL	34	163	\$ 25,338.	73 \$	\$ 155.45	.015	\$ 745.26	\$ 2.38
CO HOSPITAL INPATIENT TOTAL	6	17	21,125.	05	1242.65	.002	3520.84	1.98
HSC HOSPITALS	6	17	21,125.	05	1242.65	.002	3520.84	1.98
NON-HSC HOSPITALS TOTAL	0	0		0.0	.00	.000	.00	.00
ACCOMMODATIONS	0	0		0.0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		0.0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		0.0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		0.0	.00	.000	.00	.00
ANCILLARIES	0	0		0.0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		0.0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		0.0	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	146	4,213.	58	28.86	.014	135.93	.40
MEDICAL	7	9	294.	59	32.73	.001	42.08	.03
SURGERY	0	0		0.0	.00	.000	.00	.00
PATHOLOGY	14	50	692.	35	13.85	.005	49.45	.06
RADIOLOGY	3	4	307.	51	76.88	.000	102.50	.03
ROOM USE	21	33	1,155.	06	35.00	.003	55.00	.11
CROSSOVERS/ALL OTH OUTPTNT	12	50	1,764.	17	35.28	.005	147.01	.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYMEN	r REPO	ORT FOR JAN	2003 THRU D	EC 2003	PAGE 17,211
	FEE-FOR-SERVICE/DE							01/29/04
TULARE COUNTY	SUMMARY OF SERVICE	ES FOR MI/MN AL	IEN WITHOUT SIS A	ID COI	DE 55 58 5F			
						-	NTHLY AVERA	_
10 666 DETATRERO	TICEDO IN	TEMO OF OFFITAR		7 7	TIDDACH COOK	TINTERO / DATE	ACCE DED	COCH DED

					M	ONTHLY AVERA	GE	
10,666 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,357	6,383	\$ 2,798,420.42	\$ 438.42	.598	\$ 2062.21	\$	262.37
COMM HOSP INPATIENT TOTAL	499	2,035	2,694,743.16	1324.20	.191	5400.29		252.65
HSC HOSPITALS	77	437	565,513.53	1294.08	.041	7344.33		53.02
NON-HSC HOSPITALS TOTAL	425	1,598	2,129,229.63	1332.43	.150	5009.95		199.63
ACCOMMODATIONS	415	1,598	596,261.88	373.13	.150	1436.78		55.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	415	1,598	596,261.88	373.13	.150	1436.78		55.90
ANCILLARIES	424	0	1,532,967.75	.00	.000	3615.49		143.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	999	4,348	103,677.26	23.84	.408	103.78		9.72
MEDICAL	104	169	9,351.32	55.33	.016	89.92		.88
SURGERY	70	93	2,771.27	29.80	.009	39.59		.26
PATHOLOGY	508	2,055	24,157.09	11.76	.193	47.55		2.26
RADIOLOGY	265	331	20,099.56	60.72	.031	75.85		1.88
ROOM USE	392	634	24,484.23	38.62	.059	62.46		2.30
CROSSOVERS/ALL OTH OUTPTNT	434	1,066	22,813.79	21.40	.100	52.57		2.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	21	629	\$ 217,614.03	\$ 345.97	.059	\$ 10362.57	\$	20.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	12	365	187,062.50	512.50	.034	15588.54		17.54
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00

LEV B-REGULAR	9	264		30,551.53		115.73	.025		3394.61		2.86
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	26	1,447	\$	84,274.55	\$	58.24	.136	\$	3241.33	\$	7.90
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	26	1,447		84,274.55		58.24	.136		3241.33		7.90
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	695	1,671	\$	33,186.41	\$	19.86	.157	\$	47.75	\$	3.11
PATHOLOGY	694	1,670		33,126.91		19.84	.157		47.73		3.11
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.01
@ORGANIZED OUTPATIENT CLINIC	2,135	4,970	\$	622,518.22	\$	125.26	.466	\$	291.58	\$	58.36
CLINIC	8	72		1,471.44		20.44	.007		183.93		.14
SURGICENTER	1	1		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,128	4,897		621,046.78		126.82	.459		291.85		58.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES M	ONTH-OF-PAYMENT RI	EPOR'	r for jan	2003 THRU	DEC	2003	PI	AGE 17,212
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

TODING COUNTY	DOTHING OF DELICATO	LO I OIC TIL / I'IIV 11.		WIIIOOI DID MID	CODE 33 30 31			
						MOI	NTHLY AVERA	GE
10,666 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	397	2,700	\$	66,990.97	\$ 24.81	.253	\$ 168.74	\$ 6.28
DURABLE MED. EQUIP.	25	146		5,292.37	36.25	.014	211.69	.50
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	96	1,995		27,833.61	13.95	.187	289.93	2.61
AMBULANCES/AIR TRANS	94	1,987		21,137.06	10.64	.186	224.86	1.98
OTHER TRANS	1	4		21.55	5.39	.000	21.55	.00
OTHER SERVICES	4	4		6,675.00	1668.75	.000	1668.75	.63
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	218	220		22,680.50	103.09	.021	104.04	2.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	3	20		729.20	36.46	.002	243.07	.07
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	78	169		9,929.46	58.75	.016	127.30	.93
PROSTHETICS	19	93		3,214.56	34.57	.009	169.19	.30
ORTHOTICS	72	76		6,714.90	88.35	.007	93.26	.63
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	150		525.83	3.51	.014	525.83	.05
@CALIF. CHILDREN SERVICES*	73	1,876	\$	443,061.26	\$ 236.17	.176	\$ 6069.33	\$ 41.54
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	.00	\$.00
@* TOTALS IN THESE LINES ARE	CIVEN AS A SEDARAT	E INECEMBATION T	TEM O	NIT.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

TULARE COUNTY

1021112 0001111		020 1011 1121 0022	~	1125	00220 02 02 00	MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
**	0.0-1-10	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1	123	\$	65,928.00	\$ 536.00		65928.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	Ö	0	٧	.00	.00	.000	.00	٧	.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
	0	0							
HOME VISITS		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	U	U		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	Ô	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		
PRINCIPAL SURGEON	•	0			.00	.000			.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	U		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	•	.00	.00	.000	.00	•	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0	0	٧	.00	.00	.000	.00	٧	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00		.000	.00		.00
	0	0			.00				
ANESTHESIA		0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	U	U		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RI				P	AGE 17,214
MOP024	FEE-FOR-SERVICE/								01/29/04
TULARE COUNTY	SUMMARY OF SERVI		S	AID (CODES 01 02 08	0A			- , ,
			_	1110	01 00	MON	THILY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
00 11101110	00110	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
		OIL DITTO OF CARE			ILIK UNII/DAI	טוני איני	ODER	1	ظلالاتابات

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

	0	0 4	0.0	4 00	000		†
FAMILY NURSE PRACTITIONER	U	0 \$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	U	0 \$		\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
HSC HOSPITALS	U	U	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITIBES	MONTH-OF-PAYMENT F				PAGE 17,215
MOP024	FEE-FOR-SERVICE/		MOIVIII OI IZIIMENI I	CDI ORCI I ORC OTHV	2005 IIIKO DI	10 2005	01/29/04
TULARE COUNTY		CES FOR REFUGEES	ΔΤΓ	CODES 01 02 0	8 NA		01/20/04
TOMMED COUNTY	DOLLARICE OF DERCOT	CLD I ON NEI OGEED	AID	CCDED 01 02 0		JTHIY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	MOI T UNITS/DAYS	COST PER	COST PER
00 111011111111111111111111111111111111	00110	CITED OF DERVICE		114 114 144 144	I CIVITIO/DATO	CODITER	2001 1111

					MON.	IUDI AAFKAC	3E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0		0		.00)	.00	.000		.00		.00
@STATE HOSPITAL	1		123	\$	65,928.00	\$	536.00	.000	\$	65928.00	\$.00
MENTALLY ILL	0		0		.00)	.00	.000		.00		.00
DEVELOP. DISABLED	1		123		65,928.00)	536.00	.000		65928.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00)	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0		0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00)	.00	.000	-	.00	•	.00
ICF DD	0		0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00)	.00	.000		.00		.00
XO AND OTHERS	0		0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00)	.00	.000		.00		.00
SURGICENTER	0		0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITUR	ES :	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 17,216
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR	REFUGEE	lS	AID	CODE	S 01 02 08	0A				
								M	CNO	THLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPENDITURES	S AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS	OF CARE	:		PE	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00) \$.00	.000	\$.00	\$.00
DITEARILE MED FOITE	0		Λ		0.0)	0.0	000		0.0		0.0

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,217 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

1021112 0001111	DOILILLE OF DELL			15 00515 011 011	MO	NTHLY AVERA	AGE
529 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	713	18,987 \$	1,082,523.69	\$ 57.01	35.892	\$ 1518.27	\$ 2046.36
@PHYSICIANS SERVICES	414	9,875 \$	341,415.91	\$ 34.57	18.667	\$ 824.68	\$ 645.40
OUTPATIENT VISITS	229	446	15,318.15	34.35	.843	66.89	28.96
OFFICE VISITS	198	390	11,179.52	28.67	.737	56.46	21.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	53	4,100.23	77.36	.100	97.62	7.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	38.40	12.80	.006	12.80	.07
INPATIENT VISITS	29	177	9,089.99	51.36	.335	313.45	17.18
HOSPITAL VISITS	29	161	7,144.39	44.38	.304	246.36	13.51
CRITICAL CARE	2	16	1,945.60	121.60	.030	972.80	3.68
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	173	12,484.62	72.17	.327	402.73	23.60
PRINCIPAL SURGEON	21	25	10,097.17	403.89	.047	480.82	19.09
ASSISTANT SURGEON	1	1	162.14	162.14	.002	162.14	.31
ANESTHESIOLOGIST	13	147	2,225.31	15.14	.278	171.18	4.21
OUTPATIENT SURGERY	39	140	9,534.03	68.10	.265	244.46	18.02
PRINCIPAL SURGEON	25	29	7,021.74	242.13	.055	280.87	13.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	111	2,512.29	22.63	.210	139.57	4.75
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	82	230	3,991.30	17.35	.435	48.67	7.54
RADIOLOGY	166	947	72,314.26	76.36	1.790	435.63	136.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	117	7,229	206,104.18	28.51	13.665	1761.57	389.61
OTHER SERVICES/ALL X-OVERS	140	533	12,579.38	23.60	1.008	89.85	23.78
@PHARMACY	423	2,700 \$	126,239.86	\$ 46.76	5.104	\$ 298.44	\$ 238.64
PRESCRIPTION DRUGS	419	1,472	125,056.61	84.96	2.783	298.46	236.40
SNF/ICF	2	8	617.42	77.18	.015	308.71	1.17
OUTPATIENTS	418	1,464	124,439.19	85.00	2.767	297.70	235.23
MEDICAL SUPPLIES	21	1,228	1,183.25	.96	2.321	56.35	2.24
@DENTIST	31	170 \$	5,517.00	\$ 32.45	.321	\$ 177.97	\$ 10.43
VISITS - DIAGNOSTIC	20	95	1,194.00	12.57	.180	59.70	2.26
ORAL SURGERY	6	9	479.00	53.22	.017	79.83	.91
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	346.00	86.50	.008	115.33	.65
ENDODONTICS	1	1	260.00	260.00	.002	260.00	.49
RESTORATIVE DENTISTRY	11	40	2,459.00	61.48	.076	223.55	4.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	21	779.00	37.10	.040	259.67	1.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES

0 0 0 0 0

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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01/29/04

#CALIF DEPT OF HEALTH SERV MOP024

ALL OTHER SERVICES

FEE-FOR-SERVICE/DENTAL

TULARE COUNTY	SUMMARY OF SERVICES F	OR	BCCTP-F	EDERAL	Α-	TD C	ODES OM ON	OΡ				
1021112 0001111		011	20011 1				0225 011 011	M	ОМТ	HIY AVERA	GE	
529 ELIGIBLES	USERS UNITS	OF	SERVICE		EXPENDITURES	Δ17	ERAGE COST					COST PER
327 2210122			OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	20	MID	52	\$	1,265.47	\$.098	Ġ	63.27		2.39
	10		12	Ÿ	569.40	Ą	47.45	.023	Ą	47.45	Ą	1.08
DIAGNOSTIC AND ANC. PROCED	12 15											
EYE APPLIANCES	15		40		696.07		17.40	.076		46.40		1.32
OTHER OPTOMETRIC SERVICES	0		0		.00	_	.00	.000		.00	_	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	4		6 5 0	\$	190.47	\$	31.75	.011	\$	47.62	\$.36
MEDICINE/INJECTIONS	3		5		136.60		27.32	.009		45.53		. 26
SURGERY/ANES.	0				.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	1		1		53.87		53.87	.002		53.87		.10
@HOME HEALTH AGENCY	4		26	\$	1,901.63	\$	73.14	.049	\$	475.41	\$	3.59
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$ \$ \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	0 325 47	5	,236	\$	536.906.22	Ġ	102.54	9.898	\$	1652.02	\$	1014.95
HOSP INPATIENT TOTAL	47		201	·	340,758.63		1695.32	.380		7250.18	·	644.16
HSC HOSPITALS	h		26		31,535.00		1212.88	.049		5255.83		59.61
NON-HSC HOSPITAL TOTAL	41 41		175		309,223.63		1695.32 1212.88 1766.99	.331		7542.04		584.54
ACCOMMODATIONS	41		175		56,337.82		321.93	.331		1374.09		106.50
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 0 41 41		Ő		.00		00	.000		.00		.00
ALL OTHER ACCOM	41		175		56,337.82		.00 321.93 .00	.331		1374.09		106.50
ANCILLARIES	41		0		252,885.81		00	.000		6167.95		478.05
INPATIENT CROSSOVERS	0		0		.00		00	.000		.00		.00
ALL OTHER INPATIENT			0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0 297	_	5,035		196,147.59		38.96	9.518		660.43		370.79
MEDICAL	77	_	351		13,929.15		39.68	.664		180.90		26.33
SURGERY	32		34		2,133.18		62.74	.064		66.66		4.03
PATHOLOGY	202		988		12,934.03		13.09	1.868		64.03		24.45
RADIOLOGY	132		359		29,631.24		82.54	.679		224.48		56.01
ROOM USE	93		289		11,609.88		40.17	.546		124.40		21.95
CROSSOVERS/ALL OTH OUTPTNT	93	2	209 3,014		125,910.11		41.78	5.698		1311.56		238.02
@COUNTY HOSPITAL TOTAL	96 10 3	3	51	\$	20,856.79	۲.	408.96		بن	2085.68	۲.	39.43
	10		15	Ą		Ą	1200.90		Ą	6543.33	Ą	37.11
CO HOSPITAL INPATIENT TOTAL	3		15 15		19,630.00		1308.67 1308.67	.028 .028				
HSC HOSPITALS	3		12		19,630.00					6543.33		37.11
NON-HSC HOSPITALS TOTAL	0				.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0 0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0 0		.00		.00	.000		.00		.00
ANCILLARIES	Ü		U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8		36		1,226.79		34.08	.068		153.35		2.32
MEDICAL	3		4		92.47		23.12	.008		30.82		.17
SURGERY	1		2		112.77		56.39	.004		112.77		.21
PATHOLOGY	3		16		179.78		11.24	.030		59.93		.34

RADIOLOGY ROOM USE	1 6		1 9		265.20 452.43	50.27	.002	265.20 75.41	.50 .86
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	C VID EA.	4 DEMITTIBEC	момти	124.14		.008 2002 TURE	62.07	.23 PAGE 17,219
MOP024	FEE-FOR-SERVICE/		PENDIIOKES	MONIA	-OF-PAIMENI	REPORT FOR UAN .	ZUUS IHRU DE	IC 2003	01/29/04
TULARE COUNTY	SUMMARY OF SERVI	CES FOR	BCCTP-FED	ERAL		AID CODES 0M 0N	0P		
							MON	THLY AVERAG	GE
529 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	321		5,185 \$		516,049.43	\$ 99.53	9.802 \$	1607.63	\$ 975.52
COMM HOSP INPATIENT TOTAL	44		186		321,128.63	1726.50	.352	7298.38	607.05
HSC HOSPITALS	3		11		11,905.00	1082.27	.021	3968.33	22.50
NON-HSC HOSPITALS TOTAL	41		175		309,223.63	1766.99	.331	7542.04	584.54
ACCOMMODATIONS	41		175		56,337.82	321.93	.331	1374.09	106.50
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	41	175		56,337.82		321.93	.331		1374.09		106.50
ANCILLARIES	41	0		252,885.81		.00	.000		6167.95		478.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	294	4,999		194,920.80		38.99	9.450		663.00		368.47
MEDICAL	76	347		13,836.68		39.88	.656		182.06		26.16
SURGERY	31	32		2,020.41		63.14	.060		65.17		3.82
PATHOLOGY	199	972		12,754.25		13.12	1.837		64.09		24.11
RADIOLOGY	131	358		29,366.04		82.03	.677		224.17		55.51
ROOM USE	89	280		11,157.45		39.85	.529		125.36		21.09
CROSSOVERS/ALL OTH OUTPINT	94	3,010		125,785.97		41.79	5.690		1338.15		237.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1		\$	576.05	\$	115.21	.009	Ġ	576.05	Ġ	1.09
LEV A-INTERMEDIATE	0	0	т	.00	-	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	5		576.05		115.21	.009		576.05		1.09
@INTERMEDIATE CARE FACILDD	1	5 0	\$.00	Ġ	.00	.000	۲۰	.00	ċ.	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	0	0	4	.00	4	.00	.000	4	.00	4	.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	_	.00
@REHABILITATION FACILITY	2		\$	706.46	\$	19.62	.068	\$	353.23	Ş	1.34
HOSPITAL BASED	2	36		706.46		19.62	.068		353.23		1.34
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	92		\$	15,127.69	\$	45.57	.628	\$	164.43	\$	28.60
PATHOLOGY	92	331		15,092.29		45.60	.626		164.05		28.53
XO AND OTHERS	1	1		35.40		35.40	.002		35.40		.07
@ORGANIZED OUTPATIENT CLINIC	216		\$	43,153.15	\$	115.69	.705	\$	199.78	\$	81.57
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	216	373		43,153.15		115.69	.705		199.78		81.57
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONT	CH-OF-PAYMENT RE	EPORT	' FOR JAN	2003 THRU	DEC	2003	P.	AGE 17,220
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-FE	DERAL	A)	ID CO	DES OM ON	0P				
							M	ONT	HLY AVERA	GE	
529 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	57	176	\$	9,523.78	\$	54.11	.333	\$	167.08	\$	18.00
DURABLE MED. EQUIP.	9	23		1,771.56		77.02	.043		196.84		3.35
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	8	48		710.06		14.79	.091		88.76		1.34
AMBULANCES/AIR TRANS	8	46		691.11		15.02	.087		86.39		1.31
OTHER TRANS	1	2		18.95		9.48	.004		18.95		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	23	51		659.29		12.93	.096		28.66		1.25
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
INIDICAL INDIVATION	U	O		.00		.00	.000		.00		.00

0	0		.00		.00	.000		0.0	.00
14	34		2,450.95	7:	2.09	.064	175.	7	4.63
13	32		2,326.95	7:	2.72	.060	179.	00	4.40
1	2		124.00	62	2.00	.004	124.	00	.23
0	0		.00		.00	.000		00	.00
2	2		1,853.82	926	5.91	.004	926.	91	3.50
2	18		2,078.10	11!	5.45	.034	1039.)5	3.93
0	0		.00		.00	.000		00	.00
0	0		.00		.00	.000		00	.00
0	0		.00		.00	.000		00	.00
0	0		.00		.00	.000		00	.00
0	0		.00		.00	.000		0.0	.00
0	0		.00		.00	.000		0.0	.00
0	0	\$.00	\$.00	.000	\$.	00 \$.00
0	0	\$.00	\$.00	.000	\$.	00 \$.00
	0 14 13 1 0 2 2 2 0 0 0 0 0	0 0 0 144 344 133 32 1 2 2 0 0 0 2 2 2 2 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 34 34 13 32 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14 34 2,450.95 13 32 2,326.95 1 2 124.00 0 0 .00 2 2 1,853.82 2 18 2,078.10 0 0 .00 0 0<	14 34 2,450.95 7: 13 32 2,326.95 7: 1 2 124.00 6: 0 0 .00 2 2 1,853.82 926 2 18 2,078.10 11! 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 <td>14 34 2,450.95 72.09 13 32 2,326.95 72.72 1 2 124.00 62.00 0 0 .00 .00 2 2 1,853.82 926.91 2 18 2,078.10 115.45 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 <td< td=""><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>14 34 2,450.95 72.09 .064 175.0 13 32 2,326.95 72.72 .060 179.0 1 2 124.00 62.00 .004 124.0 0 0 .00 .00 .00 .00 2 2 1,853.82 926.91 .004 926.9 2 18 2,078.10 115.45 .034 1039.0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00<!--</td--><td>14 34 2,450.95 72.09 .064 175.07 13 32 2,326.95 72.72 .060 179.00 1 2 124.00 62.00 .004 124.00 0 0 .00 .00 .000 .00 2 2 1,853.82 926.91 .004 926.91 2 18 2,078.10 115.45 .034 1039.05 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td></td></td<></td>	14 34 2,450.95 72.09 13 32 2,326.95 72.72 1 2 124.00 62.00 0 0 .00 .00 2 2 1,853.82 926.91 2 18 2,078.10 115.45 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 <td< td=""><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>14 34 2,450.95 72.09 .064 175.0 13 32 2,326.95 72.72 .060 179.0 1 2 124.00 62.00 .004 124.0 0 0 .00 .00 .00 .00 2 2 1,853.82 926.91 .004 926.9 2 18 2,078.10 115.45 .034 1039.0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00<!--</td--><td>14 34 2,450.95 72.09 .064 175.07 13 32 2,326.95 72.72 .060 179.00 1 2 124.00 62.00 .004 124.00 0 0 .00 .00 .000 .00 2 2 1,853.82 926.91 .004 926.91 2 18 2,078.10 115.45 .034 1039.05 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td></td></td<>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	14 34 2,450.95 72.09 .064 175.0 13 32 2,326.95 72.72 .060 179.0 1 2 124.00 62.00 .004 124.0 0 0 .00 .00 .00 .00 2 2 1,853.82 926.91 .004 926.9 2 18 2,078.10 115.45 .034 1039.0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 </td <td>14 34 2,450.95 72.09 .064 175.07 13 32 2,326.95 72.72 .060 179.00 1 2 124.00 62.00 .004 124.00 0 0 .00 .00 .000 .00 2 2 1,853.82 926.91 .004 926.91 2 18 2,078.10 115.45 .034 1039.05 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td>	14 34 2,450.95 72.09 .064 175.07 13 32 2,326.95 72.72 .060 179.00 1 2 124.00 62.00 .004 124.00 0 0 .00 .00 .000 .00 2 2 1,853.82 926.91 .004 926.91 2 18 2,078.10 115.45 .034 1039.05 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,221 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

The Initial Control of the Initial Control	1021112 0001111	01 011	1020 1011 20011	~	0		0022.	3 011 01 00	M	ONT	HLY AVERA	GE.	
### CTOTAL, ALL PROVIDERS 15	111 ELIGIBLES	USERS	UNITS OF SERVI	CE		EXPENDITURES	AVI	ERAGE COST		-		_	COST PER
### CALL PROVIDERS													ELIGIBLE
WEMPTSICIANS SERVICES 40 775 \$ 28,391.06 \$ 36.63 6,982 709.78 25.78 OUTPATIENT VISITS 23 31 773.96 24.97 .279 33.65 6.97 HOME VISITS 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 1 1 44.60 44.60 .00 .40 .00 OB VISITS/COMPRE PERI 0 0 .00	@TOTAL, ALL PROVIDERS	115	1,473	5	5	79,762.96					693.59	\$	718.59
OUTPATIENT VISITS 23 31 773.96 24.97 279 33.65 6.97 OFFICE VISITS 22 30 729.36 24.31 270 33.15 6.57 HOME VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 EMERGENCY ROOM 1 1 44.60 44.60 0.09 44.60 0.40 PREVENTIVE CARE 0 0 0 0.00 0.00 0.00 0.00 0.00 OB VISITS/COMPRE PERI 0 0 0 0.00 0.00 0.00 0.00 0.00 OB VISITS/COMPRE PERI 0 0 0 0.00 0.00 0.00 0.00 0.00 OB VISITS/COMPRE PERI 0 0 0 0.00 0.00 0.00 0.00 0.00 OFFICE OUTPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 OFFICE OUTPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 HOSPITAL VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 HOSPITAL VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 OFFITAL VISITS 0 0 0 0.00	•			Š	5								
OFFICE VISITS 22 30 729,36 24.31 2.70 33.15 6.57 HMM VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		23					•			•			
HOME VISITS													
EMBRGENCY ROOM	HOME VISITS	0	0			.00		.00					
PREVENTIVE CARE O	EMERGENCY ROOM	1	1										
OTHER OUTPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	OTHER OUTPATIENT	0	0			.00		.00			.00		.00
CRITICAL CARE CRITICAL CARE O SNF/ICF/TRANS IP CARE O OHTHALMOLOGICAL SERVICES O OHTHALMOLOGICAL SERVICES O OBLIGATION EXAMINATIONS O SERVICES AND MATERIALS O O SERVICES AND MATERIALS O O INPATIENT HOSPITAL SURGERY I I I I Z53.16 Z53.16 Z53.16 C09 Z53.16 Z53	INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES 0 0 .00	CRITICAL CARE	0	0			.00		.00	.000		.00		.00
EXAMINATIONS 0 0 .0	SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0	OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY 1	EXAMINATIONS	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON 1 1 253.16 253.16 .009 253.16 2.28 ASSISTANT SURGEON 0 0 .00 <td< td=""><td>SERVICES AND MATERIALS</td><td>0</td><td>0</td><td></td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></td<>	SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT HOSPITAL SURGERY	1	1			253.16		253.16	.009		253.16		2.28
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	1	1			253.16		253.16	.009		253.16		2.28
OUTPATIENT SURGERY 2 5 425.31 85.06 .045 212.66 3.83 PRINCIPAL SURGEON 1 1 318.69 318.69 .009 318.69 2.87 ASSISTANT SURGEON 0 0 .00 .	ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON 1 1 318.69 318.69 .009 318.69 2.87 ASSISTANT SURGEON 0 0 .00 .00 .000 .000 .00 <		0	0										
ASSISTANT SURGEON 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ANESTHESIOLOGIST 1 4 106.62 26.66 0.36 106.62 96 DIALYSIS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	OUTPATIENT SURGERY	2	5										3.83
ANESTHESIOLOGIST 1 4 106.62 26.66 .036 106.62 .96 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 7 7 7 85.58 12.23 .063 12.23 .77 RADIOLOGY 12 91 6,929.06 76.14 .820 577.42 62.42 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 11 617 19,350.56 31.36 5.559 1759.14 174.33 OTHER SERVICES/ALL X-OVERS 10 23 573.43 24.93 .207 57.34 5.17 @PHARMACY 77 164 \$ 12,653.20 \$ 77.15 1.477 \$ 164.33 \$ 113.99 PRESCRIPTION DRUGS 77 159 12,471.01 78.43 1.432 161.96 112.35 SNF/ICF 0 0 0 0 .00 .00 .00 .00 OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64	PRINCIPAL SURGEON	1	1			318.69		318.69	.009		318.69		2.87
DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 7 7 85.58 12.23 .063 12.23 .77 RADIOLOGY 12 91 6,929.06 76.14 .820 577.42 62.42 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 11 617 19,350.56 31.36 5.559 1759.14 174.33 OTHER SERVICES/ALL X-OVERS 10 23 573.43 24.93 .207 57.34 5.17 @PHARMACY 77 164 \$ 12,653.20 \$ 77.15 1.477 \$ 164.33 \$ 113.99 PRESCRIPTION DRUGS 77 159 12,471.01 78.43 1.432 161.96 112.35 SNF/ICF 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
PATHOLOGY 7 7 85.58 12.23 .063 12.23 .77 RADIOLOGY 12 91 6,929.06 76.14 .820 577.42 62.42 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 11 617 19,350.56 31.36 5.559 1759.14 174.33 OTHER SERVICES/ALL X-OVERS 10 23 573.43 24.93 .207 57.34 5.17 @PHARMACY 77 164 \$ 12,653.20 \$ 77.15 1.477 \$ 164.33 \$ 112.35 SNF/ICF 0 0 0 0 0.0 0.0 .00 .00 .00 OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64		1	4										
RADIOLOGY 12 91 6,929.06 76.14 .820 577.42 62.42 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0										
PSYCHIATRY 0 0 .00<		7	7										
IMMUNIZATION AND INJECTION 11 617 19,350.56 31.36 5.559 1759.14 174.33 OTHER SERVICES/ALL X-OVERS 10 23 573.43 24.93 .207 57.34 5.17 @PHARMACY 77 164 \$ 12,653.20 \$ 77.15 1.477 \$ 164.33 \$ 113.99 PRESCRIPTION DRUGS 77 159 12,471.01 78.43 1.432 161.96 112.35 SNF/ICF 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64						•							
OTHER SERVICES/ALL X-OVERS 10 23 573.43 24.93 .207 57.34 5.17 @PHARMACY 77 164 \$ 12,653.20 \$ 77.15 1.477 \$ 164.33 \$ 113.99 PRESCRIPTION DRUGS 77 159 12,471.01 78.43 1.432 161.96 112.35 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64													
@PHARMACY 77 164 \$ 12,653.20 \$ 77.15 1.477 \$ 164.33 \$ 113.99 PRESCRIPTION DRUGS 77 159 12,471.01 78.43 1.432 161.96 112.35 SNF/ICF 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64													
PRESCRIPTION DRUGS 77 159 12,471.01 78.43 1.432 161.96 112.35 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64													
SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64				ξ	5	•	\$			\$		\$	
OUTPATIENTS 77 159 12,471.01 78.43 1.432 161.96 112.35 MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64						•							
MEDICAL SUPPLIES 2 5 182.19 36.44 .045 91.10 1.64		•	-										
@DENTIST 0 0 \$.00 \$.00 \$.00 \$.00		2											
	@DENTIST	0	0	5	3	.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	Ô	n o	.00	.00	.000	.00	.00
	0	0					
DRUGS	U	U	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH-	OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 17,222
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FO	R BCCTP-STATE-ONLY	AID CODES	OR OT OU	0V		

						M		HLY AVERA	GE	
111 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$ 0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	Ė	.00	.000	Ś	.00	Ś	.00
@TOTAL HOSPITAL	36	508 \$	36,876.15	\$	72.59	4.577	\$	1024.34		332.22
HOSP INPATIENT TOTAL	0	0	.00	•	.00	.000	•	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	36	508	36,876.15		72.59	4.577		1024.34		332.22
MEDICAL	8	36	1,181.19		32.81	.324		147.65		10.64
SURGERY	3	3	251.43		83.81	.027		83.81		2.27
PATHOLOGY	22	71	1,046.76		14.74	.640		47.58		9.43
RADIOLOGY	13	63	4,873.09		77.35	.568		374.85		43.90
ROOM USE	11	33	1,440.68		43.66	.297		130.97		12.98
CROSSOVERS/ALL OTH OUTPTNT	14	302	28,083.00		92.99	2.721		2005.93		253.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	~	.00	.000	٧	.00	٧	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
MOCOMINODALLOND	U	J	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 17,223
MOP024	FEE-FOR-SERVICE/DE						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	S FOR BCCTP-STAT	E-ONLY AID	CODES OR OT OU			
						THLY AVERAC	-
111 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	508 \$	36,876.15	\$ 72.59	4.577 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	508	\$	36,876.15	\$	72.59	4.577		1024.34	\$ 332.22
COMM HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	36	508		36,876.15		72.59	4.577		1024.34	332.22
MEDICAL	8	36		1,181.19		32.81	.324		147.65	10.64
SURGERY	3	3		251.43		83.81	.027		83.81	2.27
PATHOLOGY	22	71		1,046.76		14.74	.640		47.58	9.43
RADIOLOGY	13	63		4,873.09		77.35	.568		374.85	43.90
ROOM USE	11	33		1,440.68		43.66	.297		130.97	12.98
CROSSOVERS/ALL OTH OUTPTNT	14	302		28,083.00		92.99	2.721		2005.93	253.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	2	10	\$	179.04	\$	17.90	.090	\$	89.52	\$ 1.61
HOSPITAL BASED	2	10		179.04		17.90	.090		89.52	1.61
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	2	3	\$	52.09	\$	17.36	.027	\$	26.05	\$. 47
PATHOLOGY	2	3		52.09		17.36	.027		26.05	. 47
XO AND OTHERS	0	0		.00		.00	.000		.00	.00

@ORGANIZED OUTPATIENT CLINIC	8	11	\$	1,550.00	\$	140.91	.099	\$ 193.75	\$	13.96
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	8	11		1,550.00		140.91	.099	193.75		13.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-OF	-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGI	E 17,224
MOP024	FEE-FOR-SERVICE/DEN	ΓAL							(01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR BCCTP-ST	ATE-ONLY	AID	CODES	OR OT OU	0V			
							M	ONTHLY AVER	AGE	
111 ELIGIBLES	USERS UNI	TS OF SERVICE	EXD	ENDITURES	77.77.7	RAGE COST	UNITS/DAY	S COST PER	CO	ST PER
TII EDIGIDUES	OSEKS ONI	IO OF SERVICE	11221	TINDITIONES	W A 17.1	CODI	ONTID/DIT	S COSI PER	COL	
III EDIGIBLES		DAYS OF CARE	1221	FINDITORES		UNIT/DAY	PER ELIG			IGIBLE
@ALL OTHER PROVIDERS			\$	61.42	PER			USER	EL	-
			\$		PER	UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS			\$	61.42	PER	UNIT/DAY 30.71	PER ELIG	USER \$ 61.42	EL	IGIBLE .55
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.			\$	61.42	PER \$	UNIT/DAY 30.71 .00	PER ELIG .018 .000	USER \$ 61.42 .00	EL	IGIBLE .55 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK			\$	61.42 .00 .00	PER \$	UNIT/DAY 30.71 .00 .00	PER ELIG .018 .000 .000	USER \$ 61.42 .00	EL	.55 .00 .00

AMBULANCES/AIR TRANS	Ο	Λ	.00	.00	.000	.00	.00
OTHER TRANS	Ô	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ô	0	.00	.00	.000	.00	.00
ACUPUNCTURE	Ô	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	Ō	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	61.42	30.71	.018	61.42	.55
PROSTHETICS	1	2	61.42	30.71	.018	61.42	.55
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	4	8 \$	483.95	\$ 60.49	.072 \$	120.99 \$	4.36

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

TULARE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,225 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-TOTAL

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 640 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 828 20,460 1,162,286.65 56.81 31.969 \$ 1403.73 \$ 1816.07 \$ \$ @PHYSICIANS SERVICES 454 10,650 369,806.97 34.72 16.641 \$ 814.55 \$ 577.82 252 477 33.74 .745 OUTPATIENT VISITS 16,092.11 63.86 25.14 OFFICE VISITS 220 420 11,908.88 28.35 .656 54.13 18.61 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 43 54 76.76 4,144.83 .084 96.39 6.48 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 12.80 OTHER OUTPATIENT 3 38.40 12.80 .005 .06 INPATIENT VISITS 29 177 9,089.99 51.36 .277 313.45 14.20 .252 HOSPITAL VISITS 161 7,144.39 44.38 246.36 11.16 16 1,945.60 121.60 .025 972.80 3.04 CRITICAL CARE 0 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00 .00 EXAMINATIONS 0 .00 .000 .00 .00 .000 SERVICES AND MATERIALS 0 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 32 174 12,737.78 73.21 .272 398.06 19.90 470.47 26 10,350.33 398.09 16.17 PRINCIPAL SURGEON .041 ASSISTANT SURGEON 1 1 162.14 162.14 162.14 . 25 .002 ANESTHESIOLOGIST 13 147 2,225.31 15.14 .230 171.18 3.48 68.69 OUTPATIENT SURGERY 41 145 9,959.34 .227 242.91 15.56 30 244.68 282.32 PRINCIPAL SURGEON 7,340.43 .047 11.47 ASSISTANT SURGEON 0 0 .00 .000 .00 .00 .00 115 ANESTHESIOLOGIST 19 2,618.91 22.77 .180 137.84 4.09 .00 .00 .00 .000 DIALYSIS Ω Ω .00 PATHOLOGY 89 237 4,076.88 17.20 .370 45.81 6.37

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	178	1,038		79,243.32		76.34	1.622		445.19		123.82
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	128	7,846		225,454.74		28.73	12.259		1761.37		352.27
OTHER SERVICES/ALL X-OVERS	150	556		13,152.81		23.66	.869		87.69		20.55
@PHARMACY	500	2,864	3	138,893.06	\$	48.50	4.475	\$	277.79	\$	217.02
PRESCRIPTION DRUGS	496	1,631		137,527.62		84.32	2.548		277.27		214.89
SNF/ICF	2	8		617.42		77.18	.013		308.71		.96
OUTPATIENTS	495	1,623		136,910.20		84.36	2.536		276.59		213.92
MEDICAL SUPPLIES	23	1,233		1,365.44		1.11	1.927		59.37		2.13
@DENTIST	31	170	3	5,517.00	\$	32.45	.266	\$	177.97	\$	8.62
VISITS - DIAGNOSTIC	20	95		1,194.00		12.57	.148		59.70		1.87
ORAL SURGERY	6	9		479.00		53.22	.014		79.83		.75
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	4		346.00		86.50	.006		115.33		.54
ENDODONTICS	1	1		260.00		260.00	.002		260.00		.41
RESTORATIVE DENTISTRY	11	40		2,459.00		61.48	.063		223.55		3.84
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	21		779.00		37.10	.033		259.67		1.22
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-O	F-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 17,226
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/29/04

TULARE COUNTY

TOLIARE COUNTY	SUMMARI OF SERV	VICES FOR BCCIP-IO	JIAL						~-	
					 		-	HLY AVERA	.GE	
640 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST		_	COST PER		COST PER
		OR DAYS OF CARE			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	20	52	\$	1,265.47	\$ 24.34	.081	\$		\$	1.98
DIAGNOSTIC AND ANC. PROCED	12	12		569.40	47.45	.019		47.45		.89
EYE APPLIANCES	15	40		696.07	17.40	.063		46.40		1.09
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	4	6	\$	190.47	\$ 31.75	.009	\$	47.62	\$.30
MEDICINE/INJECTIONS	3	5		136.60	27.32	.008		45.53		.21
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	1	1		53.87	53.87	.002		53.87		.08
@HOME HEALTH AGENCY	4	26	\$	1,901.63	\$ 73.14	.041	\$	475.41	\$	2.97
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	361	5,744	\$	573,782.37	\$ 99.89	8.975	\$	1589.42	\$	896.53
HOSP INPATIENT TOTAL	47	201		340,758.63	1695.32	.314		7250.18		532.44
HSC HOSPITALS	6	26		31,535.00	1212.88	.041		5255.83		49.27
NON-HSC HOSPITAL TOTAL	41	175		309,223.63	1766.99	.273		7542.04		483.16
ACCOMMODATIONS	41	175		56,337.82	321.93	.273		1374.09		88.03
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	41	175		56,337.82	321.93	.273		1374.09		88.03
ANCILLARIES	41	0		252,885.81	.00	.000		6167.95		395.13
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	333	5,543		233,023.74	42.04	8.661		699.77		364.10
MEDICAL	85	387		15,110.34	39.04	.605		177.77		23.61
				•						

SUMMARY OF SERVICES FOR BCCTP-TOTAL

SURGERY	35	37		2,384.61		64.45		.058		68.13		3.73
PATHOLOGY	224	1,059		13,980.79		13.20	-	L.655		62.41		21.84
RADIOLOGY	145	422		34,504.33		81.76		.659		237.96		53.91
ROOM USE	104	322		13,050.56		40.53		.503		125.49		20.39
CROSSOVERS/ALL OTH OUTPTNT	110	3,316	1	53,993.11		46.44	į	5.181		1399.94		240.61
@COUNTY HOSPITAL TOTAL	10	51 \$		20,856.79	\$	408.96		.080	\$	2085.68	\$	32.59
CO HOSPITAL INPATIENT TOTAL	3	15		19,630.00	1	308.67		.023		6543.33		30.67
HSC HOSPITALS	3	15		19,630.00	1	308.67		.023		6543.33		30.67
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		.000		.00		.00
ANCILLARIES	0	0		.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	36		1,226.79		34.08		.056		153.35		1.92
MEDICAL	3	4		92.47		23.12		.006		30.82		.14
SURGERY	1	2		112.77		56.39		.003		112.77		.18
PATHOLOGY	3	16		179.78		11.24		.025		59.93		.28
RADIOLOGY	1	1		265.20		265.20		.002		265.20		.41
ROOM USE	6	9		452.43		50.27		.014		75.41		.71
CROSSOVERS/ALL OTH OUTPTNT	2	4		124.14		31.04		.006		62.07		.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF	-PAYMENT RE	PORT	FOR JAN	2003	THRU	DEC	2003	PA	GE 17,227
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TOTA	AL									

TOLIARE COUNTY	SUMMARI OF SER	VICES FOR BCCIP-I	JIAL					
							NTHLY AVERA	
640 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	357	5,693	\$	552,925.58	\$ 97.12	8.895		\$ 863.95
COMM HOSP INPATIENT TOTAL	44	186		321,128.63	1726.50	.291	7298.38	501.76
HSC HOSPITALS	3	11		11,905.00	1082.27	.017	3968.33	18.60
NON-HSC HOSPITALS TOTAL	41	175		309,223.63	1766.99	.273	7542.04	483.16
ACCOMMODATIONS	41	175		56,337.82	321.93	.273	1374.09	88.03
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	175		56,337.82	321.93	.273	1374.09	88.03
ANCILLARIES	41	0		252,885.81	.00	.000	6167.95	395.13
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	330	5,507		231,796.95	42.09	8.605	702.42	362.18
MEDICAL	84	383		15,017.87	39.21	.598	178.78	23.47
SURGERY	34	35		2,271.84	64.91	.055	66.82	3.55
PATHOLOGY	221	1,043		13,801.01	13.23	1.630	62.45	21.56
RADIOLOGY	144	421		34,239.13	81.33	.658	237.77	53.50
ROOM USE	100	313		12,598.13	40.25	.489	125.98	19.68
CROSSOVERS/ALL OTH OUTPTN	Γ 108	3,312		153,868.97	46.46	5.175	1424.71	240.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	5	\$	576.05	\$ 115.21	.008	\$ 576.05	\$.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	5		576.05	115.21	.008	576.05	.90
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	46	\$	885.50	\$	19.25	.072	\$	221.38	\$	1.38
HOSPITAL BASED	4	46		885.50		19.25	.072		221.38		1.38
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	94	335	\$	15,179.78	\$	45.31	.523	\$	161.49	\$	23.72
PATHOLOGY	94	334		15,144.38		45.34	.522		161.11		23.66
XO AND OTHERS	1	1		35.40		35.40	.002		35.40		.06
@ORGANIZED OUTPATIENT CLINIC	224	384	\$	44,703.15	\$	116.41	.600	\$	199.57	\$	69.85
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	224	384		44,703.15		116.41	.600		199.57		69.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH	-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 17,228
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES F	OR BCCTP-TO	ΓAL								

----- MONTHLY AVERAGE -----

---- MONTHLY AVERAGE

AVERAGE COST UNITS/DAYS 640 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @ALL OTHER PROVIDERS 58 178 9,585.20 53.85 .278 \$ 165.26 14.98 77.02 196.84 DURABLE MED. EQUIP. 23 1,771.56 .036 2.77 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 48 710.06 14.79 .075 88.76 1.11 46 691.11 15.02 .072 86.39 1.08 AMBULANCES/AIR TRANS 18.95 9.48 .003 18.95 OTHER TRANS .03 OTHER SERVICES .00 .00 .000 .00 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 51 659.29 12.93 .080 28.66 1.03 PHYSICAL THERAPIST .00 .00 .000 .00 .00 0 .00 .00 .000 .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS 36 2,512.37 69.79 .056 167.49 3.93 14 PROSTHETICS 34 2,388.37 70.25 .053 170.60 3.73 124.00 62.00 .003 124.00 ORTHOTICS .19 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 926.91 SPEECH AND AUDIOLOGY 1,853.82 926.91 .003 2.90 HOSPICE SERVICES 18 2,078.10 115.45 .028 1039.05 3.25 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ALL OTHER PROVIDERS .000 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 483.95 60.49 .013 120.99 .76

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,229
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

199 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	32	117	\$ 3,081.33	\$ 26.34	.588	\$ 96.29	\$ 15.48
@PHYSICIANS SERVICES	20	51	\$ 466.91	\$ 9.16	.256	\$ 23.35	\$ 2.35
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ASSISTANT SURGEON	Ü	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PRINCIPAL SURGEON	Ū	Ü		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	-										
OTHER SERVICES/ALL X-OVERS	20	51		466.91		9.16	. 256		23.35		2.35
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	-	.00	•	.00	.000	-	.00	-	.00
	0	0		.00		.00	.000		.00		
SNF/ICF	Ū										.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	3	3	\$.00	Ś	.00		\$.00	\$.00
	J 1		Ą		Ą			Ą		Ą	
VISITS - DIAGNOSTIC	T	1		.00		.00	.005		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0									
PERIODONTICS	Ü	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		.00		.00	.005		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
	0	0									
PROSTHETICS	U	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		.00		.00	.005		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ō	0		.00		.00	.000		.00		.00
	U	U		.00		.00	.000		.00		.00
		0		0.0		0.0	0.00				0.0
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00		.00	.000				.00
ORTHODONTIC SERVICES	0 0 0	•		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0	0	DEC 1	.00	בם חוד	.00	.000	חבים	.00 .00 .00	ח.	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	0 ES AND EXPENDITU	IRES I	.00	EPORT	.00	.000	DEC	.00 .00 .00	P <i>I</i>	.00 .00 AGE 17,230
ORTHODONTIC SERVICES ALL OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITU /DENTAL		.00	EPORT	.00	.000	DEC	.00 .00 .00	P <i>I</i>	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITU /DENTAL		.00	EPORT	.00	.000 .000 2003 THRU 1	DEC	.00 .00 .00	P <i>I</i>	.00 .00 AGE 17,230
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	0 ES AND EXPENDITU /DENTAL		.00	EPORT	.00 .00 FOR JAN 2	.000 .000 2003 THRU 1		.00 .00 .00 2003		.00 .00 AGE 17,230 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITU /DENTAL ICES FOR QMB -	ONLY	.00 .00 MONTH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2003 THRU 1	ONTI	.00 .00 .00 2003	.GE -	.00 .00 AGE 17,230 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITU (DENTAL ICES FOR QMB - UNITS OF SERVIC	ONLY E	.00	AVE	.00 .00 FOR JAN : AID CODE	.000 .000 2003 THRU 1 80 MG UNITS/DAY	ONTI S (.00 .00 .00 2003 HLY AVERA	.GE -	.00 .00 AGE 17,230 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITU /DENTAL ICES FOR QMB -	ONLY E	.00 .00 MONTH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN : AID CODE	.000 .000 2003 THRU 1	ONTI S (.00 .00 .00 2003	.GE -	.00 .00 AGE 17,230 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITU (DENTAL ICES FOR QMB - UNITS OF SERVIC OR DAYS OF CAR	ONLY E E	.00 .00 MONTH-OF-PAYMENT RE	AVE PEF	.00 .00 FOR JAN : AID CODE CRAGE COST UNIT/DAY	.000 .000 2003 THRU 1 80 MO UNITS/DAY: PER ELIG	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER	.GE - (.00 .00 AGE 17,230 01/29/04 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	0 ES AND EXPENDITU (DENTAL ICES FOR QMB - UNITS OF SERVIC OR DAYS OF CAR 2	ONLY E	.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46	AVE	.00 .00 FOR JAN : AID CODE CRAGE COST UNIT/DAY 1.73	.000 .000 2003 THRU 1 80 M(UNITS/DAY; PER ELIG .010	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46	.GE - (.00 .00 AGE 17,230 01/29/04 COST PER ELIGIBLE .02
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITU /DENTAL ICES FOR QMB - UNITS OF SERVIC OR DAYS OF CAR 2 0	ONLY E E	.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00	AVE PEF	.00 .00 FOR JAN : AID CODE ERAGE COST UNIT/DAY 1.73 .00	.000 .000 2003 THRU 1 80 M(UNITS/DAY: PER ELIG .010 .000	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00	.GE - (.00 .00 AGE 17,230 01/29/04 COST PER ELIGIBLE .02 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	0 ES AND EXPENDITU (DENTAL ICES FOR QMB - UNITS OF SERVIC OR DAYS OF CAR 2	ONLY E E	.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODE ERAGE COST UNIT/DAY 1.73 .00 .00	.000 .000 2003 THRU 1 80 MG UNITS/DAY: PER ELIG .010 .000	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00	.GE - (.00 .00 AGE 17,230 01/29/04 COST PER ELIGIBLE .02 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	0 ES AND EXPENDITU /DENTAL ICES FOR QMB - UNITS OF SERVIC OR DAYS OF CAR 2 0	ONLY E E	.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00	AVE PEF	.00 .00 FOR JAN : AID CODE ERAGE COST UNIT/DAY 1.73 .00	.000 .000 2003 THRU 1 80 M(UNITS/DAY: PER ELIG .010 .000	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00	.GE - (.00 .00 AGE 17,230 01/29/04 COST PER ELIGIBLE .02 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	O O O O O O O O O O O O O O O O O O O	ONLY E E \$.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00 .00 .00 3.46	AVE PEF \$.00 .00 FOR JAN 2 AID CODE ERAGE COST UNIT/DAY 1.73 .00 .00 1.73	.000 .000 2003 THRU 1 80 M(UNITS/DAY; PER ELIG .010 .000 .000	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00 .00 3.46	GE - (E \$.00 .00 AGE 17,230 01/29/04 COST PER ELIGIBLE .02 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	O O O O O O O O O O O O O O O O O O O	ONLY E E	.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00 .00 3.46 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 1.73 .00 .00 1.73 .00	.000 .000 2003 THRU 1 80 M UNITS/DAY: PER ELIG .010 .000 .000 .000	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00 .00 3.46	.GE - (.00 .00 AGE 17,230 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	O O O O O O O O O O O O O O O O O O O	ONLY E E \$.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00 .00 3.46 .00 .00	AVE PEF \$.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 1.73 .00 .00 1.73 .00	.000 .000 2003 THRU 1 80 M(UNITS/DAY; PER ELIG .010 .000 .000 .010 .000	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00 .00 3.46 .00	GE - (E \$.00 .00 AGE 17,230 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	O O O O O O O O O O O O O O O O O O O	ONLY EE \$ \$.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00 .00 3.46 .00 .00	AVE PEF \$.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 1.73 .00 .00 1.73 .00	.000 .000 2003 THRU 1 80 M UNITS/DAY: PER ELIG .010 .000 .000 .000	ONTI S (.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00 .00 3.46 .00	GE - (; \$.00 .00 AGE 17,230 01/29/04
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 1 0 0 0 1 0 0 5 0 0 0 5 0 0 0 0 0 0 0	O CES AND EXPENDITUED TALK ICES FOR QMB - UNITS OF SERVICE OR DAYS OF CAR 2 0 0 0 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	ONLY EE \$ \$.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$\$\$\$\$.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 1.73 .00 .00 1.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 1 80 MC UNITS/DAY: PER ELIG .010 .000 .000 .000 .000 .000 .000 .00	ONTH	.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G	.00 .00 .00 AGE 17,230 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 199 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 1 0 0 1 0 0 1 0 0 0 5 0 0 0 0 0 0 0 0	O ES AND EXPENDITU //DENTAL ICES FOR QMB - UNITS OF SERVIC OR DAYS OF CAR 2 0 0 2 0 0 0 0 6 0 0 0 6 0 0 0 52 2 2	ONLY EE \$ \$.00 .00 MONTH-OF-PAYMENT RE EXPENDITURES 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$\$\$\$\$.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 1.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 1 80 M(UNITS/DAY; PER ELIG .010 .000 .000 .000 .000 .000 .000 .00	ONTH	.00 .00 .00 2003 HLY AVERA COST PER USER 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G	.00 .00 .00 AGE 17,230 01/29/04 COST PER ELIGIBLE .02 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	840.00	420.00	.010	840.00	4.22
ALL OTHER INPATIENT	_	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	50	874.87	17.50	.251	291.62	4.40
	3						
MEDICAL	U	0	.00	.00	.000	.00	.00
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	50	874.87	17.50	.251	291.62	4.40
	1						
@COUNTY HOSPITAL TOTAL	1	2 \$	4.77	\$ 2.39	.010 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	Ô	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	4.77	2.39	.010	4.77	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	2	4.77	2.39	.010	4.77	.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 17,231
MOP024	FEE-FOR-SERVICE			2 0111 1 011 0121 1	.000 111110 21	.0 2005	01/29/04
TULARE COUNTY		VICES FOR QMB - ONLY		AID CODE	0.0		01/27/04
TODAKE COUNTY	SUMMART OF SERV	TCES FOR QMB - ONLI		AID CODE			O.D.
100 51 5655 56					MON		
199 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	50 \$	1,710.10	\$ 34.20	.251 \$	570.03	\$ 8.59
COMM HOSP INPATIENT TOTAL	1	2	840.00	420.00	.010	840.00	4.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM			.00	.00	.000	.00	.00
ANCILLARIES	0	0			.000		
TAIDAMTENIM ODOGGOVEDO	0 0	0	.00	.00	.000	.00	.00
INPALLENT CROSSOVERS	0 0 1		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0 0 1	2	.00 840.00	.00 420.00	.000 .010	.00 840.00	4.22
ALL OTHER INPATIENT	0 0 1 0	2 0	.00 840.00 .00	.00 420.00 .00	.000 .010 .000	.00 840.00 .00	4.22
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	3	2 0 48	.00 840.00 .00 870.10	.00 420.00 .00 18.13	.000 .010 .000 .241	.00 840.00 .00 290.03	4.22 .00 4.37
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	3 0	2 0 48 0	.00 840.00 .00 870.10 .00	.00 420.00 .00 18.13 .00	.000 .010 .000 .241	.00 840.00 .00 290.03 .00	4.22 .00 4.37 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	3 0 0	2 0 48 0	.00 840.00 .00 870.10 .00	.00 420.00 .00 18.13 .00	.000 .010 .000 .241 .000	.00 840.00 .00 290.03 .00	4.22 .00 4.37 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	3 0 0 0	2 0 48 0 0 0	.00 840.00 .00 870.10 .00 .00	.00 420.00 .00 18.13 .00 .00	.000 .010 .000 .241 .000 .000	.00 840.00 .00 290.03 .00 .00	4.22 .00 4.37 .00 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	3 0 0	2 0 48 0	.00 840.00 .00 870.10 .00	.00 420.00 .00 18.13 .00	.000 .010 .000 .241 .000	.00 840.00 .00 290.03 .00	4.22 .00 4.37 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	3 0 0 0	2 0 48 0 0 0	.00 840.00 .00 870.10 .00 .00	.00 420.00 .00 18.13 .00 .00	.000 .010 .000 .241 .000 .000	.00 840.00 .00 290.03 .00 .00	4.22 .00 4.37 .00 .00 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	3 0 0 0 0	2 0 48 0 0 0 0	.00 840.00 .00 870.10 .00 .00 .00	.00 420.00 .00 18.13 .00 .00 .00	.000 .010 .000 .241 .000 .000 .000	.00 840.00 .00 290.03 .00 .00 .00	4.22 .00 4.37 .00 .00 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3 0 0 0 0 0 0 3	2 0 48 0 0 0 0 0 0	.00 840.00 .00 870.10 .00 .00 .00 .00	.00 420.00 .00 18.13 .00 .00 .00	.000 .010 .000 .241 .000 .000 .000	.00 840.00 .00 290.03 .00 .00 .00 .00	4.22 .00 4.37 .00 .00 .00 .00 .00 4.37
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	3 0 0 0 0 0 0 3	2 0 48 0 0 0 0 0 48 0 \$.00 840.00 .00 870.10 .00 .00 .00 .00	.00 420.00 .00 18.13 .00 .00 .00 .00 .00	.000 .010 .000 .241 .000 .000 .000 .000 .000 .241	.00 840.00 .00 290.03 .00 .00 .00 .00 .290.03	4.22 .00 4.37 .00 .00 .00 .00 .00 4.37 \$.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3 0 0 0 0 0 0 3	2 0 48 0 0 0 0 0 0	.00 840.00 .00 870.10 .00 .00 .00 .00	.00 420.00 .00 18.13 .00 .00 .00	.000 .010 .000 .241 .000 .000 .000	.00 840.00 .00 290.03 .00 .00 .00 .00	4.22 .00 4.37 .00 .00 .00 .00 .00 4.37

@NURSING FACILITY	2	0	\$	644.51	\$.00	.000	\$	322.26	\$	3.24
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	0		644.51		.00	.000		322.26		3.24
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MO	NTH-OF-PAYMENT	REPORT	FOR JAN 200	3 THRU	DEC	2003	Ρź	AGE 17,232
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FO	OR QMB - ON	LY			AID CODE 80					
							M	-	HLY AVERA	-	
199 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVE	RAGE COST UN	ITS/DAY	S (COST PER	(COST PER

						IHLI AVERAGE	
199 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 54.42	\$ 18.14	.015 \$	27.21 \$.27
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.47	1.47	.005	1.47	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	52.95	26.48	.010	52.95	.27
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 30 112 \$ 3,081.33 \$ 27.51 .563 \$ 102.71 \$ 15.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,233 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOPUZ4 FEE-FOR-SERVICE/DENTAL U1/29/0.
TULARE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

TULARE COUNTY	SUMMARY OF SER	VICES FOR 133% PROGRAM	AID (CODES /2 /4 8N			
					MON		
5,067 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,881	14,762 \$	783,180.42	\$ 53.05	2.913 \$		
@PHYSICIANS SERVICES	369	784 \$	31,741.90	\$ 40.49	.155 \$		
OUTPATIENT VISITS	265	312	12,425.10	39.82	.062	46.89	2.45
OFFICE VISITS	121	146	4,767.15	32.65	.029	39.40	.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	99	106	5,292.99	49.93	.021	53.46	1.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.000	60.48	.01
OTHER OUTPATIENT	52	59	2,304.48	39.06	.012	44.32	.45
INPATIENT VISITS	14	96	2,273.32	23.68	.019	162.38	.45
HOSPITAL VISITS	13	86	2,202.06	25.61	.017	169.39	.43
CRITICAL CARE	1	10	71.26	7.13	.002	71.26	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	12	568.74	47.40	.002	81.25	.11
EXAMINATIONS	7	12	568.74	47.40	.002	81.25	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	103	8,592.95	83.43	.020	716.08	1.70
PRINCIPAL SURGEON	8	53	7,122.41	134.39	.010	890.30	1.41
ASSISTANT SURGEON	i i	1	282.93	282.93	.000	282.93	.06
ANESTHESIOLOGIST	5	49	1,187.61	24.24	.010	237.52	.23
OUTPATIENT SURGERY	35	56	4,196.52	74.94	.011	119.90	.83
PRINCIPAL SURGEON	31	34	3,343.99	98.35	.007	107.87	.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	22	852.53	38.75	.004	142.09	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	20	23	406.53	17.68	.005	20.33	.08
	60	70	1,459.47	20.85	.014	24.32	.29
RADIOLOGY	0	0			.014		
PSYCHIATRY	2	7	.00	.00		.00	.00
IMMUNIZATION AND INJECTION		· · · · · · · · · · · · · · · · · · ·	106.85	15.26	.001	53.43	.02
OTHER SERVICES/ALL X-OVERS	33	105	1,712.42	16.31	.021	51.89	.34
@PHARMACY	547	1,249 \$	29,059.11	\$ 23.27	.246 \$		
PRESCRIPTION DRUGS	544	1,233	28,053.61	22.75	.243	51.57	5.54
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	544	1,233	28,053.61	22.75	.243	51.57	5.54
MEDICAL SUPPLIES	13	16	1,005.50	62.84	.003	77.35	.20
@DENTIST	723	4,688 \$	147,247.66	\$ 31.41	.925 \$		\$ 29.06
VISITS - DIAGNOSTIC	569	2,630	33,429.40	12.71	.519	58.75	6.60
ORAL SURGERY	55	82	3,554.20	43.34	.016	64.62	.70
DRUGS	7	9	145.00	16.11	.002	20.71	.03
ANESTHESIA	49	87	4,750.00	54.60	.017	96.94	.94
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	130	261	17,633.00	67.56	.052	135.64	3.48
RESTORATIVE DENTISTRY	309	1,493	81,549.28	54.62	.295	263.91	16.09
PROSTHETICS	4	5	90.00	18.00	.001	22.50	.02
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	16	19	2,160.00	113.68	.004	135.00	.43
MAXILLOFACIAL SERVICES	36	36	3,936.78	109.36	.007	109.36	.78
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	45	66	.00	.00	.013	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,234 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 TULARE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

IODINE COOKII	DOINING OF DESCON	CLD I OIL	1330 IIC	Corani	1111	CODED /2 /1 010	01				
							Mo	NTHL	Z AVERA	GE	
5,067 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COS	ST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	Ţ	JSER		ELIGIBLE
@OPTOMETRIST	10		23	\$	655.78	\$ 28.51	.005	\$	65.58	\$.13
DIAGNOSTIC AND ANC. PROCED	10		11		484.38	44.03	.002		48.44		.10
EYE APPLIANCES	4		12		171.40	14.28	.002		42.85		.03
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	Ô	n ¢	.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 4	.00	\$.00	.000 \$.00	\$.00
	0	0 5		•			•
NURSE MIDWIFE	U	0 \$.00	\$.00	.000 \$		•
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	250	809 \$	88,709.33	\$ 109.65	.160 \$	354.84	\$ 17.51
HOSP INPATIENT TOTAL	13	39	68,057.44	1745.06	.008	5235.19	13.43
HSC HOSPITALS	4	27	48,870.00	1810.00	.005	12217.50	9.64
NON-HSC HOSPITAL TOTAL	a a	12	19,187.44	1598.95	.002	2131.94	3.79
	9	12				489.22	.87
ACCOMMODATIONS	9		4,402.99	366.92	.002		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	12	4,402.99	366.92	.002	489.22	.87
ANCILLARIES	9	0	14,784.45	.00	.000	1642.72	2.92
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	238	770	20,651.89	26.82	.152	86.77	4.08
MEDICAL	38	55	2,834.21	51.53	.011	74.58	.56
	20	23		42.29			
SURGERY			972.58		.005	48.63	.19
PATHOLOGY	75	250	2,650.08	10.60	.049	35.33	.52
RADIOLOGY	60	71	3,068.10	43.21	.014	51.14	.61
ROOM USE	176	210	8,323.15	39.63	.041	47.29	1.64
CROSSOVERS/ALL OTH OUTPTNT	90	161	2,803.77	17.41	.032	31.15	.55
@COUNTY HOSPITAL TOTAL	1	3 \$	68.30	\$ 22.77	.001 \$	68.30	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Û	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ü	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	68.30	22.77	.001	68.30	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	33.87	16.94	.000	33.87	.01
ROOM USE	1	_ 1	34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MON					PAGE 17,235
MOP024	FEE-FOR-SERVICE		III-OF-PAIMENT I	CEPORT FOR UAN 2	שלם סאווו כססי	C 2003	01/29/04
	CIMMADA OF CEDIA	DENIAL	7.10	GODEG 72 74 ON	O.D.		01/29/04
TULARE COUNTY	SUMMARY OF SERVI	ICES FOR 133% PROGRAM	AID	CODES /2 /4 8N		TITT 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	28
5 06F FI TGTPI FG	Harra	INITES OF SERVICE		111777 GT GOGT	MON'		
5,067 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	249	806 \$	88,641.03	\$ 109.98	.159 \$		
COMM HOSP INPATIENT TOTAL	13	39	68,057.44	1745.06	.008	5235.19	13.43
HSC HOSPITALS	4	27	48,870.00	1810.00	.005	12217.50	9.64
NON-HSC HOSPITALS TOTAL	9	12	19,187.44	1598.95	.002	2131.94	3.79
ACCOMMODATIONS	9	12	4,402.99	366.92	.002	489.22	.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	12	4,402.99	366.92	.002	489.22	.87
ALL OTHER ACCOM ANCILLARIES	9	0	14,784.45	.00	.002	1642.72	2.92
			•				
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	237	767		20,583.59		26.84	.151		86.85		4.06
MEDICAL	38	55		2,834.21		51.53	.011		74.58		.56
SURGERY	20	23		972.58		42.29	.005		48.63		.19
PATHOLOGY	75	250		2,650.08		10.60	.049		35.33		.52
RADIOLOGY	7 5 5 9	69		3,034.23		43.97	.014		51.43		.60
ROOM USE	175	209		8,288.72		39.66	.014		47.36		1.64
CROSSOVERS/ALL OTH OUTPTNT		161		2,803.77		17.41	.032		31.15		.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	بي	.00	ċ.	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00			.00		
@NURSING FACILITY	0	0	\$.00	\$.00	.000	۲,		۲.	.00
	0	0	Ş		Ş		.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	22	\$	710.42	\$.004	\$	142.08	\$.14
HOSPITAL BASED	5	22		710.42		32.29	.004		142.08		.14
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0 36	71	\$	810.34	\$	11.41	.014	\$		\$.16
PATHOLOGY	36	71		810.34		11.41	.014		22.51		.16
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,026	5,420	\$	468,373.30	\$	86.42	1.070	\$		\$	92.44
CLINIC	1	2		18.95		9.48	.000		18.95		.00
SURGICENTER	8	49		1,695.47		34.60	.010		211.93		.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,017	5,369		466,658.88		86.92	1.060		116.17		92.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES MON	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 17,236
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FO	OR 133%	PROGRAM	AID (CODES	72 74 81	1 8P				
							M	IONT:	HLY AVERA	GE -	

MONTHLY AVERAGE 5,067 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9.36 .335 \$ 41.33 \$ 3.13 @ALL OTHER PROVIDERS 384 1,696 15,872.58 \$ 89 DURABLE MED. EQUIP. 6 1,274.23 14.32 .018 212.37 .25 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 0 HEARING AID DISPENSERS 0 .00 .000 .00 56 695.10 12.41 .011 99.30 .14 MEDICAL TRANSPORTATION 695.10 12.41 .011 99.30 .14 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 .000 GENETIC DISEASE TESTING 1 105.00 105.00 105.00 .02 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 33 69 570.21 8.26 OPTICIAN .014 17.28 .11 .00 .00 .000 .00 .00 PHYSICAL THERAPIST PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .000 PROSTHETICS 0 0 .00 .00 .000 .00 .00 0 ORTHOTICS 0 .00 .00 .000 .00 .00

PSYCHOLOGIST	1	4	275.41	68.85	.001	275.41	.05
SPEECH AND AUDIOLOGY	8	12	483.68	40.31	.002	60.46	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	328	1,015	10,903.24	10.74	.200	33.24	2.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	450	1,565.71	3.48	.089	782.86	.31
@CALIF. CHILDREN SERVICES*	163	1,236	\$ 83,469.42	\$ 67.53	.244	\$ 512.08	\$ 16.47
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 17,237

01/29/04

TIILARE COUNTY

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8P 8T

TULARE COUNTY	SUMMARY OF SER	VICES FOR 100% PROGRAM						
					MON'	THLY AVERAG	E	
5,843 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	6,492	22,557 \$	840,585.42	\$ 37.26	3.861 \$		\$ 143.86	
@PHYSICIANS SERVICES	295	635 \$	44,192.81	\$ 69.59	.109 \$			
OUTPATIENT VISITS	181	264	10,144.94	38.43	.045	56.05	1.74	
OFFICE VISITS	70	87	3,350.90	38.52	.015	47.87	.57	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	64	66	3,603.93	54.61	.011	56.31	.62	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	11	69	1,551.83	22.49	.012	141.08	.27	
OTHER OUTPATIENT	38	42	1,638.28	39.01	.007	43.11	.28	
INPATIENT VISITS	10	19	1,255.46	66.08	.003	125.55	.21	
HOSPITAL VISITS	10	19	1,255.46	66.08	.003	125.55	.21	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	5	5 5	263.81	52.76	.001	52.76	.05	
EXAMINATIONS	5	5	263.81	52.76	.001	52.76	.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	16	48	7,579.07	157.90	.008	473.69	1.30	
PRINCIPAL SURGEON	11	15	6,316.70	421.11	.003	574.25	1.08	
ASSISTANT SURGEON	2	2	373.00	186.50	.000	186.50	.06	
ANESTHESIOLOGIST	5	31	889.37	28.69	.005	177.87	.15	
OUTPATIENT SURGERY	30	103	16,257.80	157.84	.018	541.93	2.78	
PRINCIPAL SURGEON	22	33	13,592.89	411.91	.006	617.86	2.33	
ASSISTANT SURGEON	2	2	666.26	333.13	.000	333.13	.11	
ANESTHESIOLOGIST	10	68	1,998.65	29.39	.012	199.87	.34	
DIALYSIS	4	4	1,478.19	369.55	.001	369.55	.25	
PATHOLOGY	6	5	.30	.06	.001	.05	.00	
RADIOLOGY	76	115	3,766.14	32.75	.020	49.55	.64	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	36	72	3,447.10	47.88	.012	95.75	.59	
@PHARMACY	398	1,206 \$	49,748.01	\$ 41.25	.206 \$			
PRESCRIPTION DRUGS	387	777	45,057.71	57.99	.133	116.43	7.71	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	387	777	45,057.71	57.99	.133	116.43	7.71	
MEDICAL SUPPLIES	23	429	4,690.30	10.93	.073	203.93	.80	
@DENTIST	1,414	8,726 \$	244,717.82	\$ 28.04	1.493 \$		\$ 41.88	
VISITS - DIAGNOSTIC	949	5,819	72,522.10	12.46	.996	76.42	12.41	
ORAL SURGERY	218	443	23,729.00	53.56	.076	108.85	4.06	
DRUGS	5	5	115.00	23.00	.001	23.00	.02	
ANESTHESIA	12	13	1,100.00	84.62	.002	91.67	.19	

PERIODONTICS	7	7	883.00	126.14	.001	126.14	.15
ENDODONTICS	116	170	21,740.40	127.88	.029	187.42	3.72
RESTORATIVE DENTISTRY	549	1,905	93,202.25	48.93	.326	169.77	15.95
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	1	4	219.00	54.75	.001	219.00	.04
SPACE MAINTAINERS	23	30	3,464.00	115.47	.005	150.61	.59
MAXILLOFACIAL SERVICES	16	16	898.07	56.13	.003	56.13	.15
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	234	293	26,740.00	91.26	.050	114.27	4.58
ALL OTHER SERVICES	33	20	75.00	3.75	.003	2.27	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DE	C 2003	PAGE 17,238
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES I	FOR 100% PROGRA	M AID CODES	7A 7C 8R 8	BT		
				-	MON'	THLY AVERAG	GE

TULARE COUNTY	SUMMARY OF SERVICE	CES FOR 1	.00%	PROGRAM	AID	CODES	5 7A 7C 8R	8T				,, -
								M	TNC	HLY AVERA	GE	
5,843 ELIGIBLES	USERS (UNITS OF S	ERVI	CE	EXPENDITURES	AVE	ERAGE COST					COST PER
•		OR DAYS O	F CA	RE			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	71		193	\$	5,085.16	\$.033		71.62	\$.87
DIAGNOSTIC AND ANC. PROCED	71		73	·	3,401.42	·	46.59	.012	•	47.91		.58
EYE APPLIANCES	40		120		1,683.74		14.03	.021		42.09		.29
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	4		10	\$	167.20	\$	16.72	.002		41.80	\$.03
VISITS	4		10		167.20		16.72	.002		41.80		.03
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		3	\$	115.54	\$	38.51	.001	\$	38.51	\$.02
MEDICINE/INJECTIONS	3		3		115.54		38.51	.001		38.51		.02
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		2	\$	104.99		52.50	.000	\$	104.99	\$.02
NURSE ANESTHESIST	1		8	\$	118.23	\$	14.78	.001	\$	118.23	\$.02
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	232	1,	084	\$.00 151,320.31	\$	139.59		\$	652.24	\$	25.90
HOSP INPATIENT TOTAL	19		79		109,757.63		1389.34	.014		5776.72		18.78
### STANDARY STANDARY STRANSITIONER ### STANDARY STANDARY STANDARY STRANSITIONS ### BEDIA STANDARY STRANS ### BEDIA STANDARY STRANSITIONS ### BEDIA STANDARY STRANS ### BEDIA STANDARY STRANS ### BEDIA STANDARY STRANS ### BEDIA STANDARY STRANS ### BEDIA STANDARY STRANSITIONER ### BEDIA STANDARY STRANS ### BEDIA STANDARY STRANSITION	11		52		84,375.01		1622.60 940.10 351.28	.009		7670.46		14.44
NON-HSC HOSPITAL TOTAL	8		27		25,382.62		940.10	.005		3172.83		4.34
ACCOMMODATIONS	8		27		9,484.50		351.28	.005		1185.56		1.62
ADMINISTRATIVE DAYS	0		0		.00		. 00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8		27		9,484.50		351.28 .00	.005		1185.56		1.62
ANCILLARIES	8		0				.00	.000		1987.27		2.72
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	_	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	217	1,	005		41,562.68		41.36 108.44	.172		191.53		7.11
MEDICAL	53 32		94		10,193.76		108.44	.016		192.34		1.74
SURGERY	32		35		2,154.32		61.55	.006		67.32		. 37
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	88 60		272		3,708.34		13.63	.047		42.14		.63
RADIOLOGY	60		74		6,153.63		83.16	.013		102.56		1.05
ROOM USE	142		192		8,477.89		44.16	.033		59.70		1.45
CROSSOVERS/ALL OTH OUTPINT	82		338		10,874.74		32.17	.058	_	132.62	_	1.86
@COUNTY HOSPITAL TOTAL	1		1	Ş		\$	45.03	.000	Ş		Ş	.01
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	82 1 0 0 0 0 0 0 0		U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	45.03	45.03	.000	45.03	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	45.03	45.03	.000	45.03	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 17,239
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES I	FOR 100% PROGRAM	AID (CODES 7A 7C 8R	8T		
					MON	THLY AVERAG	E
5,843 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	231	1,083 \$	151,275.28	\$ 139.68	.185 \$	654.87	\$ 25.89

COMM HOSP INPATIENT TOTAL	19	79		109,757.63		1389.34	.014		5776.72		18.78
HSC HOSPITALS	11	52		84,375.01		1622.60 940.10 351.28	.009		7670.46		14.44
NON-HSC HOSPITALS TOTAL	8	27		25,382.62		940.10	.005		3172.83		4.34
ACCOMMODATIONS	8	27		9.484.50		351.28	.005		1185.56		1.62
ADMINISTRATIVE DAYS	0	0		0.0		0.0	.000		.00		.00
TDANGTTIONAL TO CARE	0	0		0.0		.00 .00 351.28 .00	.000		.00		.00
ALL OFFICE ACCOM	0	27		0.494.50		251 20	.005		1185.56		1.62
ALL OTHER ACCOM	0	27		9,404.50		331.20					
ANCILLARIES	8	U		15,898.12		.00	.000		1987.27		2.72
INPATIENT CROSSOVERS	U	U		.00		.00	.000		.00		.00
ALL OTHER INPATTENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	216	1,004		41,517.65		41.35	.172		192.21		7.11
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	53	94		109,757.63 84,375.01 25,382.62 9,484.50 .00 9,484.50 15,898.12 .00 .00 41,517.65 10,193.76 2,154.32		108.44	.016		192.34		1.74
SURGERY	32	35		2,154.32		61.55	.006		67.32		.37
PATHOLOGY	88	272		3,708.34		13.63	.047		42.14		.63
RADIOLOGY	60	74		6,153.63			.013		102.56		1.05
ROOM USE	142	192		8,477.89		83.16 44.16	.033		59.70		1.45
CROSSOVERS/ALL OTH OUTPINT	81	337		10,829.71		32.14	.058		133.70		1.85
@STATE HOSDITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY TIL	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
DEVELOD DICABLED	0	0		.00		.00	.000		.00		.00
ONLIDGING ENGLITUV	0	0	\$.00	\$.00	.000	4	.00	4	.00
@NURSING FACILITY	0	0	Ş		Ş			Þ		Þ	
LEV A-INTERMEDIATE	U	•		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	3	\$	6,369.07	Ś	2123.02		Ś	3184.54	Ś	1.09
HOSPITAL BASED	2	3	τ	6,369.07	Υ	2123.02	.001	Υ	3184.54	Υ	1.09
HEMODIALVSIS CENTER	0	0		.00		.00	.000		.00		.00
@DEUNDITITATION ENCITTY	2	14	\$	413.81	Ġ	29.56	.002	Ġ		Ġ	.07
EVERIADIDITATION LACIDITI	2	14	Ą	413.81	Ą	29.56	.002	Ą	206.91	Ą	.07
HOSPITAL BASED	2	0									
INDEPENDENT FACILITY	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	4.3	132	\$	1,457.19	\$.023	Ş	33.89	Ş	. 25
PATHOLOGY	4.3	132		1,457.19		11.04	.023		33.89		.25
XO AND OTHERS	0	132 0 3,028		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,322	3,028	\$	274,965.46	\$	90.81	.518	\$	118.42	\$	47.06
CLINIC	4	5		154.68		30.94	.001		38.67		.03
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,318	3,023		274,810.78		90.91	.517		118.56		47.03
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	P.	AGE 17,240
MOP024	FEE-FOR-SERVICE	5 / DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	JICES FOR 100% F	PROGRAI	M AID	CODE	S 7A 7C 8R	8T				
							M	ONT	HLY AVERA	GE	
5,843 ELIGIBLES	USERS	UNITS OF SERVIC	TF.	EXPENDITURES	Δ17	ERAGE COST			COST PER		COST PER
3,013 111012110	OBERB	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,237	7,513	\$	61,809.82	\$	8.23	1.286		27.63	\$	10.58
	3	63	Ą		Ą	9.10		Ą	191.19	Ą	
DURABLE MED. EQUIP.				573.56			.011				.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	19	871		4,544.16		5.22	.149		239.17		.78
AMBULANCES/AIR TRANS	19	871		4,544.16		5.22	.149		239.17		.78
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	238	518	4,257.00	8.22	.089	17.89	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	27	2,334.81	86.47	.005	333.54	.40
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,978	4,973	48,476.87	9.75	.851	24.51	8.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	1,050	468.42	.45	.180	234.21	.08
@CALIF. CHILDREN SERVICES*	213	2,201	\$ 158,526.28	\$ 72.02	.377	\$ 744.25	\$ 27.13
@XOVER EXCLUDING STATE HOSP**	6	14	\$ 5,024.37	\$ 358.88	.002	\$ 837.40	\$.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 17,241

01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,456	29,733 \$	1,889,504.28	\$ 63.55	.000 \$	180.71	\$.00
@PHYSICIANS SERVICES	1,347	4,975 \$	215,101.40	\$ 43.24	.000 \$		\$.00
OUTPATIENT VISITS	743	3,682	145,673.46	39.56	.000	196.06	.00
OFFICE VISITS	62	71	1,148.25	16.17	.000	18.52	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	709	3,610	144,515.61	40.03	.000	203.83	.00
OTHER OUTPATIENT	1	1	9.60	9.60	.000	9.60	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	337.30	168.65	.000	168.65	.00
PRINCIPAL SURGEON	2	2	337.30	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	155	289	26,104.56	90.33	.000	168.42	.00
PRINCIPAL SURGEON	124	185	21,883.04	118.29	.000	176.48	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	81	104	4,221.52	40.59	.000	52.12	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	269	357	4,070.31	11.40	.000	15.13	.00
RADIOLOGY	528	542	32,628.12	60.20	.000	61.80	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	46	1,873.55	40.73	.000	104.09	.00
OTHER SERVICES/ALL X-OVERS	20	57	4,414.10	77.44	.000	220.71	.00

@PHARMACY	2,128	3,948	\$	56,211.08	\$	14.24	.000	\$ 26.41	\$.00
PRESCRIPTION DRUGS	2,113	3,872		52,253.41		13.50	.000	24.73		.00
SNF/ICF	2	7		228.93		32.70	.000	114.47		.00
OUTPATIENTS	2,111	3,865		52,024.48		13.46	.000	24.64		.00
MEDICAL SUPPLIES	25	76		3,957.67		52.07	.000	158.31		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	1003 THRU I	EC 2003	P/	AGE 17,242
MOP024	FEE-FOR-SERVICE/DENT	AL								01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR PRESUME	PTIV	E ELIGIBILITY-PREGN.	ANT A	AID CODES	7F 7G			
							MC	NTHLY AVERA	GE .	

						M	ГИC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	792	1,889	\$ 63,463.79	\$	33.60	.000	\$	80.13	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	792	1,889	63,463.79		33.60	.000		80.13		.00
MEDICAL	2	2	240.78		120.39	.000		120.39		.00
SURGERY	9	9	320.99		35.67	.000		35.67		.00
PATHOLOGY	584	1,446	40,612.62		28.09	.000		69.54		.00
RADIOLOGY	206	208	15,817.30		76.04	.000		76.78		.00
ROOM USE	105	114	3,893.23		34.15	.000		37.08		.00

CROSSOVERS/ALL OTH OUTPINT	27	110	2,578.87	23.44	.000	95.51	.00
@COUNTY HOSPITAL TOTAL	3	24	561.33	\$ 23.39	.000	\$ 187.11	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	24	561.33	23.39	.000	187.11	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	56.02	9.34	.000	28.01	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	140.68	35.17	.000	70.34	.00
CROSSOVERS/ALL OTH OUTPTNT	2	14	364.63	26.05	.000	182.32	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FOR JA	N 2003 THRU	DEC 2003	PAGE 17,243
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04

TULARE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

IULARE COUNTI	SUMMARI OF SER	VICES FOR PRESUM	LITAR	. EDIGIBILITI-PREGI	NANI AID	CODES				αп	
00 FLIGTPLES	HGBBG	INITES OF SERVICE	_		3170030		M	-		GE	COCE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	_	COST PER		COST PER
o GOVARDITENT TO GD TENT TO THE	7.00	OR DAYS OF CAR		60,000,46			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	789	1,865	\$	62,902.46	\$ 3	3.73	.000	Ş	79.72	Ş	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	789	1,865		62,902.46		3.73	.000		79.72		.00
MEDICAL	2	2		240.78		0.39	.000		120.39		.00
SURGERY	9	9		320.99	3	5.67	.000		35.67		.00
PATHOLOGY	582	1,440		40,556.60	2	8.16	.000		69.68		.00
RADIOLOGY	206	208		15,817.30	7	6.04	.000		76.78		.00
ROOM USE	103	110		3,752.55	3.	4.11	.000		36.43		.00
CROSSOVERS/ALL OTH OUTPTNT	25	96		2,214.24	2	3.07	.000		88.57		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3,318	7,774	\$	220,089.77	\$	28.31	.000	\$	66.33	\$.00
PATHOLOGY	3,318	7,774		220,089.77		28.31	.000		66.33		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,339	10,834	\$	1,301,954.74	\$	120.17	.000	\$	205.39	\$.00
CLINIC	12	28		2,187.29		78.12	.000		182.27		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,329	10,806		1,299,767.45		120.28	.000		205.37		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES	MONTH-OF-PAYMENT I	REPOR:	r for jan	2003 THRU	DEC	2003	PAG	E 17,244
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR PRESU	MPTIV	E ELIGIBILITY-PREG	GNANT	AID CODES	S 7F 7G				
							N	IONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	C UNITS/DAY	ZS (COST PER	CO	ST PER

	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	313	313 \$	32,683.50	\$ 104.42	.000 \$	104.42	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	313	313	32,683.50	104.42	.000	104.42	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,245
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 12 72 5,243.77 \$ 72.83 6.000 \$ 436.98 \$ 436.98 @PHYSICIANS SERVICES 1 1.82 1.82 .083 \$ 1.82 \$.15 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .00 .00 0 0 .000 HOME VISITS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 OTHER OUTPATIENT 0 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON 0 .00 .00 .000 .00 .00 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

DDINGIDAL GUDGERI	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	U	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ů.	Ô	.00	.00	.000	.00	.00
	1	1		1.82	.083		.15
OTHER SERVICES/ALL X-OVERS	1.0		1.82			1.82	
@PHARMACY	12	70 \$	5,239.19	\$ 74.85	5.833	•	**
PRESCRIPTION DRUGS	12	70	5,239.19	74.85	5.833	436.60	436.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	70	5,239.19	74.85	5.833	436.60	436.60
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000		
VISITS - DIAGNOSTIC	0	0 \$.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	Ü	Ü	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	Ů.	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES		()					
ALL OTHER SERVICES	U MEDI _CAI. SERVICI	•					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 17,246
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MO DENTAL	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D		
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D E 7H	EC 2003	PAGE 17,246 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MONOTORING MONOTORING MEDI-CAL TUB	NTH-OF-PAYMENT RE	PORT FOR JAN AID COD	2003 THRU D E 7H MO	EC 2003 NTHLY AVERA	PAGE 17,246 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MO DENTAL	NTH-OF-PAYMENT RE	PORT FOR JAN AID COD AVERAGE COS	2003 THRU D E 7H MO T UNITS/DAYS	EC 2003 NTHLY AVERA COST PER	PAGE 17,246 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MONOTORING MONOTORING MEDI-CAL TUB	NTH-OF-PAYMENT RE	PORT FOR JAN AID COD	2003 THRU D E 7H MO T UNITS/DAYS	EC 2003 NTHLY AVERA	PAGE 17,246 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MODENTAL ICES FOR MEDI-CAL TUB UNITS OF SERVICE	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES	PORT FOR JAN AID COD: AVERAGE COS' PER UNIT/DA'	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG	EC 2003 NTHLY AVERA COST PER USER	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODENTAL ICES FOR MEDI-CAL TUB UNITS OF SERVICE OR DAYS OF CARE 0 \$	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00	PORT FOR JAN AID COD: AVERAGE COS' PER UNIT/DA' \$.00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000	EC 2003 NTHLY AVERA COST PER USER \$.00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00
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#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNAL ECES FOR MEDI-CAL TUBE UNITS OF SERVICE OR DAYS OF CARE OSO OSO OSO OSO OSO OSO OSO OSO OSO OS	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODENTAL ECES FOR MEDI-CAL TUBE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 \$.00
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#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODENTAL ICES FOR MEDI-CAL TUB UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODENTAL ICES FOR MEDI-CAL TUB UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O S O O O O O S O O O O S O	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERTAL ECES FOR MEDI-CAL TUBE UNITS OF SERVICE OR DAYS OF CARE OSO OSO OSO OSO OSO OSO OSO OSO OSO OS	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODENTAL ICES FOR MEDI-CAL TUB UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O S O O O O O S O O O O S O	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERTAL ECES FOR MEDI-CAL TUBE UNITS OF SERVICE OR DAYS OF CARE OSO OSO OSO OSO OSO OSO OSO OSO OSO OS	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERTAL ECES FOR MEDI-CAL TUBE UNITS OF SERVICE OR DAYS OF CARE OSO OSO OSO OSO OSO OSO OSO OSO OSO OS	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 TULARE COUNTY 12 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODERTAL ECES FOR MEDI-CAL TUBE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS' PER UNIT/DA' \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2003 THRU D E 7H MO T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2003 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 17,246 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00

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OUTPATIENT SURGERY

0

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES N	MONTH-OF-PAYMENT REF	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 17,247
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICE	S FOR MEDI-CAL TU	JBERCULOSIS PROGRAM	AID CODE	7H		
					MONTE	HLY AVERAG	Ε
12 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER

					MON.	IHLI AVERAGI	L
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$.00	.000 \$		\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00 \$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00 \$.00	.000 \$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00 \$.00	.000 \$.00	•
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE:	S MONTH-OF-PAY	MENT REPOR	T FOR JAN 2003	THRU DEC	2003	PAGE 17,248
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	MEDI-CAL	TUBERCULOSIS	PROGRAM	AID CODE 7H			

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.76 @ALL OTHER PROVIDERS 1 1 2.76 .083 \$ 2.76 \$.23 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 SPEECH AND AUDIOLOGY 2.76 2.76 .083 2.76 .23 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 2.29 .167 \$ 2.29 \$.38 4.58 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,249
MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

1021112 0001111	DOIMMET OF DET	7 I O I O I O I I I I I O I O O	 	00000 /11 /1 /11	, -·			
					MON	THLY AVERA	GΕ	
3,073 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,810	10,210	\$ 1,255,949.05	\$ 123.01	3.322	693.89	\$	408.70
@PHYSICIANS SERVICES	828	4,130	\$ 210,215.17	\$ 50.90	1.344	253.88	\$	68.41
OUTPATIENT VISITS	436	2,607	56,954.54	21.85	.848	130.63		18.53
OFFICE VISITS	50	55	2,235.77	40.65	.018	44.72		.73
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	49	58	3,390.43	58.46	.019	69.19		1.10
PREVENTIVE CARE	6	6	381.30	63.55	.002	63.55		.12
OB VISITS/COMPRE PERI	359	2,485	50,860.37	20.47	.809	141.67		16.55
OTHER OUTPATIENT	1	3	86.67	28.89	.001	86.67		.03
INPATIENT VISITS	105	245	17,776.17	72.56	.080	169.30		5.78

HOSPITAL VISITS	101	182			8,365.34		45.96	.059)	82.83		2.72
CRITICAL CARE	8	63			9,410.83		149.38	.023	L	1176.35		3.06
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000)	.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	180	421		(99,216.04		235.67	.13		551.20		32.29
PRINCIPAL SURGEON	140	140			38,508.46		632.20	.046		632.20		28.80
ASSISTANT SURGEON	11	11			2,051.50		186.50	.004		186.50		.67
ANESTHESIOLOGIST	51	270			8,656.08		32.06	.088		169.73		2.82
OUTPATIENT SURGERY	97	159		-	16,621.35		104.54	.052		171.35		5.41
PRINCIPAL SURGEON	77	103			14,963.59		145.28	.034		194.33		4.87
ASSISTANT SURGEON	0	0		-	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	41	56			1,657.76		29.60	.018		40.43		.54
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	131	300			3,833.72		12.78	.098		29.27		1.25
RADIOLOGY	207	244		-	11,213.64		45.96	.079		54.17		3.65
PSYCHIATRY	0	0		-	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	49	68			1,600.96		23.54	.022		32.67		.52
OTHER SERVICES/ALL X-OVERS	46	86			2,998.75		34.87	.028		65.19		.98
@PHARMACY	437	813	\$	2	28,957.96	\$			5 \$	66.27	Ś	9.42
PRESCRIPTION DRUGS	431	787	~		27,878.99	~	35.42	.256		64.68	٧	9.07
SNF/ICF	0	0		-	.00		.00	.000		.00		.00
OUTPATIENTS	431	787		3	27,878.99		35.42	.256		64.68		9.07
MEDICAL SUPPLIES	14	26			1,078.97		41.50	.008		77.07		.35
@DENTIST	0	0	\$.00	\$.00) \$.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Υ		.00	Υ	.00	.000		.00	т	.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	Ö			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	-	RES	MONTH-OF-		EPORT					P	AGE 17,250
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
TIII ADE COINTV	CIIMMADY OF CEDVITCES EO		COME	רוג ייואים	מוע משטטב	CODEC	7M 7D 7D	7N				, _ , , v -

TULARE COUNTY

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

----- MONTHLY AVERAGE ------

3,073 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	12	37	\$ 2,546.17	\$	68.82	.012	\$	212.18	\$.83
NURSE ANESTHESIST	11	72	\$ 1,454.98	\$	20.21	.023	\$	132.27	\$.47

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000		
@TOTAL HOSPITAL	581	2,551	Ģ.	794,983.34		311.64	.830		
HOSP INPATIENT TOTAL	205	730	Ą	758,042.57		1038.41	.238	3697.77	246.68
						1030.41			
HSC HOSPITALS	13 192	63		97,120.03		1541.59	.021	7470.77	31.60
NON-HSC HOSPITAL TOTAL	192	667		660,922.54		990.89 355.58	.217	3442.30	215.07
ACCOMMODATIONS	185	667		237,172.30			.217	1282.01	77.18
ADMINISTRATIVE DAYS		0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	185	667		.00 237,172.30		355.58	.217	1282.01	77.18
ANCILLARIES	192	0		423,750.24		.00	.000	2207.03	137.89
INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		. 00		0.0	.000	.00	.00
HOSP OUTPATIENT TOTAL	432	1,821		36,940.77		20.29 43.06	.593	85.51	12.02
MEDICAL	17	21		904.22		43 06	.007	53.19	.29
SURGERY	28	33		1,069.76		32.42	.011	38.21	.35
PATHOLOGY	260	1,047		14,121.97		13.49	.341	54.32	4.60
RADIOLOGY	64	68		4,410.77		64.86	.022	68.92	1.44
				•					
ROOM USE	166 175	259		11,483.64		44.34	.084	69.18	3.74
CROSSOVERS/ALL OTH OUTPTNT		393		4,950.41		12.60	.128	28.29	1.61
@COUNTY HOSPITAL TOTAL	2	15	Ş	252.20	\$	16.81	.005		•
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		252.20 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 126.10	.00
CO HOSP OUTPATIENT TOTAL	2	15		252.20		16.81	.005	126.10	.08
MEDICAL	0	0		0.0		.00	.000	.00	.00
SURGERY	1	1		6 07		6.07	.000	6.07	.00
PATHOLOGY	1	6		128 74		21.46	.002	128.74	.04
RADIOLOGY	0	0		.00		.00	.002	.00	.00
ROOM USE	1	3		72.22		24.07	.001	72.22	.02
		5		45.17		9.03	.001	22.59	.02
CROSSOVERS/ALL OTH OUTPTNT					T D O D				
			KES M	ONTH-OF-PAYMENT F	KEPOR	I FOR JAN	2003 IHRU D	EC 2003	PAGE 17,251
MOP024	FEE-FOR-SERVICE		a011a=1		GODE	C			01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MINOR	CONSE	NT AID CODES AID	CODE	S /M /P /R			
			_					NTHLY AVERA	-
3,073 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS		COST PER
		OR DAYS OF CAR					PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	579	2,536	\$	794,731.14		313.38			\$ 258.62
	205	730		758,042.57		1038.41	.238	3697.77	246.68
HSC HOSPITALS	13	63		97,120.03		1541.59	.021	7470.77	31.60
NON-HSC HOSPITALS TOTAL	13 192 185	667		660,922.54		990.89 355.58	.217	3442.30	215.07
ACCOMMODATIONS		667		237,172.30		355.58	.217	1282.01	77.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	105	667		227 172 20		255 50	217	1202 01	77 10

ALL OTHER ACCOM

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

185

192

0

0

430

17

27

259

667

0

0

21

32

1,806

1,041

0

237,172.30

423,750.24

.00

36,688.57

904.22

1,063.69

13,993.23

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355.58

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1282.01

2207.03

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85.32

53.19

39.40

54.03

77.18

.00

.00

.29

.35

4.55

11.94

137.89

RADIOLOGY	64	68		4,410.77		64.86	.022	6	8.92		1.44
ROOM USE	165	256		11,411.42		44.58	.083		9.16		3.71
CROSSOVERS/ALL OTH OUTPTNT		388		4,905.24		12.64	.126		8.35		1.60
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0	¥	.00	Υ	.00	.000	Υ	.00	Υ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	Υ	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	278	626	\$	13,839.39	\$	22.11				\$	4.50
PATHOLOGY	278	626		13,839.39		22.11	.204	4	9.78		4.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	689	1,507	\$	186,676.91	\$	123.87			0.94	\$	60.75
CLINIC	5	26		788.47		30.33	.008	15	7.69		. 26
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	684	1,481		185,888.44		125.52	.482		1.77		60.49
#CALIF DEPT OF HEALTH SERV			JRES MO	ONTH-OF-PAYMENT F	REPORT	r for Jan 2	2003 THRU D	EC 200	3	PI	AGE 17,252
MOP024	FEE-FOR-SERVICE						_				01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR MINOR	CONSE	NT AID CODES AID	CODES	5 7M 7P 7R					
2 052			_				MO			_	
3,073 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST	PER	(COST PER

					MON	THLY AVERAG	E
3,073 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	142	474 \$	17,275.13	\$ 36.45	.154	121.66	\$ 5.62
DURABLE MED. EQUIP.	10	10	452.96	45.30	.003	45.30	.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	296	2,444.60	8.26	.096	143.80	.80
AMBULANCES/AIR TRANS	17	296	2,444.60	8.26	.096	143.80	.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	95	95	9,872.50	103.92	.031	103.92	3.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	4	10	591.34	59.13	.003	147.84	.19
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	29	63	3,913.73	62.12	.021	134.96	1.27
PROSTHETICS	10	36	1,352.00	37.56	.012	135.20	. 44
ORTHOTICS	25	27	2,561.73	94.88	.009	102.47	.83
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	89	\$		52,636.74	\$ 591.42	.029	\$ 10527.35	\$ 17.13
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
at momera are murger and and arriver and		T37E0D343 ET 037	T CO TO 8 #	O 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,253
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE							01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR EDWARD	S CASES	IN PA-FAMILIES	AID CODE	38		
						MON	THLY AVERAG	E
2,677 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
_,	0.0 == 1.0	OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11,712	31,242	\$	1,605,159.90	\$ 51.38	11.671 \$		
	360	861	\$		•	.322 \$		
@PHYSICIANS SERVICES			Ş	50,280.27				
OUTPATIENT VISITS	234	329		13,540.88	41.16	.123	57.87	5.06
OFFICE VISITS	91	110		3,928.77	35.72	.041	43.17	1.47
HOME VISITS	1	1		53.68	53.68	.000	53.68	.02
EMERGENCY ROOM	100	109		6,016.58	55.20	.041	60.17	2.25
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	12	64		1,864.69	29.14	.024	155.39	.70
OTHER OUTPATIENT	40	44		1,642.47	37.33	.016	41.06	.61
INPATIENT VISITS	29	105		8,022.19	76.40	.039	276.63	3.00
HOSPITAL VISITS	25	86		4,312.98	50.15	.032	172.52	1.61
	25 4							
CRITICAL CARE		19		3,709.21	195.22	.007	927.30	1.39
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	7		331.47	47.35	.003	55.25	.12
EXAMINATIONS	6	7		331.47	47.35	.003	55.25	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	73		9,648.68	132.17	.027	536.04	3.60
PRINCIPAL SURGEON	13	22		8,080.58	367.30	.008	621.58	3.02
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	51		1,568.10	30.75	.019	261.35	.59
OUTPATIENT SURGERY	25	58		6,921.93	119.34	.022	276.88	2.59
	20	29						
PRINCIPAL SURGEON				6,025.39	207.77	.011	301.27	2.25
ASSISTANT SURGEON	1	1		94.14	94.14	.000	94.14	.04
ANESTHESIOLOGIST	8	28		802.40	28.66	.010	100.30	.30
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	25	63		497.82	7.90	.024	19.91	.19
RADIOLOGY	69	114		3,581.54	31.42	.043	51.91	1.34
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	15		3,057.53	203.84	.006	509.59	1.14
OTHER SERVICES/ALL X-OVERS	51	97		4,678.23	48.23	.036	91.73	1.75
@PHARMACY	575	1,221	\$	54,794.88	\$ 44.88	.456 \$		
PRESCRIPTION DRUGS	562	1,104	Ÿ	52,130.48	47.22	.412	92.76	19.47
	0	1,104				.412		
SNF/ICF	-			.00	.00	.000	.00	.00
OUTPATIENTS	562	1,104		52,130.48	47.22	.412	92.76	19.47
MEDICAL SUPPLIES	30	117		2,664.40	22.77	.044	88.81	1.00
@DENTIST	1,770	10,203	\$	325,383.25	\$ 31.89	3.811 \$		\$ 121.55
VISITS - DIAGNOSTIC	1,213	6,665		81,116.04	12.17	2.490	66.87	30.30
ORAL SURGERY	259	536		35,663.40	66.54	.200	137.70	13.32
DRUGS	12	17		310.00	18.24	.006	25.83	.12
ANESTHESIA	57	84		5,310.00	63.21	.031	93.16	1.98
PERIODONTICS	84	85		11,230.00	132.12	.032	133.69	4.19
ENDODONTICS	168	269		38,623.50	143.58	.100	229.90	14.43
RESTORATIVE DENTISTRY	660	2,197		129,982.76	59.16	.821	196.94	48.56
PROSTHETICS	10	13		120.00	9.23	.005	12.00	.04

DENTURES, STAYPLATES	26	68		7,348.00	108.06	.025	282.62	2.74
SPACE MAINTAINERS	15	19		2,216.00	116.63	.007	147.73	.83
MAXILLOFACIAL SERVICES	11	11		1,270.55	115.50	.004	115.50	.47
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	118	141		12,018.00	85.23	.053	101.85	4.49
ALL OTHER SERVICES	72	98		175.00	1.79	.037	2.43	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	ES MON'	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 17,254
MOP024	FEE-FOR-SERVICE/DENT	'AL						01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR EDWARDS	CASES	IN PA-FAMILIES	AID CODE	38		
						MON	THLY AVERA	GE
2,677 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	18	50	\$	1,249.43	\$ 24.99	.019 \$	69.41	\$.47
DIAGNOSTIC AND ANC. PROCED	15	16		718.18	44.89	.006	47.88	.27
EYE APPLIANCES	11	32		460.84	14.40	.012	41.89	.17
OTHER OPTOMETRIC SERVICES	2	2		70.41	35.21	.001	35.21	.03

@CHIROPRACTOR	40	69	\$	1,149.50	\$	16.66	.026	\$	28.74	\$.43
VISITS	40	69	•	1,149.50	·	16.66	.026	•	28.74		.43
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000	-	.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.000	\$	74.86	\$.03
NURSE ANESTHESIST	0	0 :	S	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 :	S	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 :	S	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 :	S	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	298	1,129	Š	285,333.71	\$	252.73	.422	\$	957.50	\$	106.59
HOSP INPATIENT TOTAL	27	178		257,157.07		1444.70	.066		9524.34		96.06
HSC HOSPITALS	15	92		146,950.04		1597.28	.034		9796.67		54.89
NON-HSC HOSPITAL TOTAL	12	86		110,207.03		1281.48	.032		9183.92		41.17
ACCOMMODATIONS	12	86		49,695.53		577.86	.032		4141.29		18.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	86		49,695.53		577.86	.032		4141.29		18.56
ANCILLARIES	12	0		60,511.50		.00	.000		5042.63		22.60
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	272	951		28,176.64		29.63	.355		103.59		10.53
MEDICAL	62	83		4,324.56		52.10	.031		69.75		1.62
SURGERY	16	22		989.64		44.98	.008		61.85		.37
PATHOLOGY	99	363		4,500.81		12.40	.136		45.46		1.68
RADIOLOGY	59	69		4,973.52		72.08	.026		84.30		1.86
ROOM USE	176	216		8,304.77		38.45	.081		47.19		3.10
CROSSOVERS/ALL OTH OUTPTNT	92	198		5,083.34		25.67	.074		55.25		1.90
@COUNTY HOSPITAL TOTAL	2		\$	3,184.53	\$	530.76	.002	Ś	1592.27	\$	1.19
CO HOSPITAL INPATIENT TOTAL	2	3	*	3,144.00	т	1048.00	.001	т.	1572.00	т.	1.17
HSC HOSPITALS	2	3		3,144.00		1048.00	.001		1572.00		1.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		40.53		13.51	.001		40.53		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	ĺ	3		40.53		13.51	.001		40.53		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MON'		EPOR		2003 THRU	DEC		Ρž	AGE 17,255
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY		CICES FOR EDWARDS	CASES	IN PA-FAMILIES		AID CODE	38				
							M	TNC	HLY AVERA	GE ·	
2,677 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER	J	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	296		\$	282,149.18	\$	251.25	.419	\$	953.21	\$	105.40
COMM HOSP INPATIENT TOTAL	25	175		254,013.07		1451.50	.065		10160.52		94.89
HSC HOSPITALS	13	89		143,806.04		1615.80	.033		11062.00		53.72
NON-HSC HOSPITALS TOTAL	12	86		110,207.03		1281.48	.032		9183.92		41.17
ACCOMMODATIONS	12	86		49,695.53		577.86	.032		4141.29		18.56

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	86		49,695.53		577.86	.032		4141.29		18.56
ANCILLARIES	12	0		60,511.50		.00	.000		5042.63		22.60
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 271	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL MEDICAL	62	948 83		28,136.11 4,324.56		29.68 52.10	.354 .031		103.82 69.75		10.51 1.62
SURGERY	16	22		989.64		44.98	.008		61.85		.37
PATHOLOGY	98	360		4,460.28		12.39	.134		45.51		1.67
RADIOLOGY	59	69		4,973.52		72.08	.026		84.30		1.86
ROOM USE	176	216		8,304.77		38.45	.081		47.19		3.10
CROSSOVERS/ALL OTH OUTPTNT		198		5,083.34		25.67	.074		55.25		1.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
ICF DDH	0	0	Ÿ	.00	Ÿ	.00	.000	Ų	.00	Ų	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	35	\$	800.01	\$	22.86	.013	\$	200.00	\$.30
HOSPITAL BASED	4	35		800.01		22.86	.013		200.00		.30
INDEPENDENT FACILITY	0	0		.00	4.	.00	.000	4.	.00	4.	.00
@LABORATORY FACILITY	73 73	236	\$	5,150.15	\$	21.82	.088	\$	70.55	\$	1.92
PATHOLOGY	/ 3 0	236		5,150.15		21.82	.088		70.55		1.92
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	7,028	0 9,303	\$.00 813,920.63	\$.00 87.49	.000 3.475	۲,	.00 115.81	۲,	.00 304.04
CLINIC CLINIC	7,028	20	Ą	396.72	Ą	19.84	.007	Ą	79.34	Ą	.15
SURGICENTER	1	7		242.21		34.60	.007		242.21		.09
HEROIN DETOX CLINIC	0	Ó		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,022	9,276		813,281.70		87.68	3.465		115.82		303.80
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO		PORT			DEC		Р	AGE 17,256
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE					
							M				
2,677 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
CALL OFFIED DROUTDEDG	2 254	OR DAYS OF CARE		67 002 01			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,254 1	8,134 6	\$	67,023.21 125.22	\$	8.24 20.87	3.038	Ş	29.74 125.22	Ş	25.04 .05
DURABLE MED. EQUIP. BLOOD BANK	0	0		.00		.00	.002		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	20	370		3,576.17		9.67	.138		178.81		1.34
AMBULANCES/AIR TRANS	20	370		3,576.17		9.67	.138		178.81		1.34
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	44	44		4,493.50		102.13	.016		102.13		1.68
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	333	706	6,407.18	9.08	.264	19.24	2.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	14	1,311.85	93.70	.005	1311.85	.49
PROSTHETICS	1	14	1,311.85	93.70	.005	1311.85	.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	7	503.29	71.90	.003	251.65	.19
SPEECH AND AUDIOLOGY	2	2	132.10	66.05	.001	66.05	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,847	4,015	40,975.00	10.21	1.500	22.18	15.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	2,970	9,498.90	3.20	1.109	1055.43	3.55
@CALIF. CHILDREN SERVICES*	234	5,472	\$ 273,647.82	\$ 50.01	2.044	\$ 1169.44	\$ 102.22
@XOVER EXCLUDING STATE HOSP**	3	34	\$ 187.87	\$ 5.53	.013	\$ 62.62	\$.07

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,257
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -----980 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 574 357.67 \$ @TOTAL, ALL PROVIDERS 3,526 205,302.32 58.23 3.598 \$ 209.49 \$ 168 40.06 @PHYSICIANS SERVICES 360 14,420.43 .367 \$ 85.84 \$ 14.71 OUTPATIENT VISITS 127 178 6,459.41 36.29 .182 50.86 92 132 OFFICE VISITS 3,740.20 28.33 .135 40.65 3.82 .00 HOME VISITS 0 0 .00 .00 .000 .00 35 EMERGENCY ROOM 33 2,254.75 64.42 .036 68.33 2.30 0 .00 .00 .000 .00 PREVENTIVE CARE 0 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 0 11 30 30 0 0 6 6 0 10 2 OTHER OUTPATIENT 11 464.46 42.22 .011 42.22 . 47 INPATIENT VISITS 1,486.16 49.54 .031 165.13 1.52 1,486.16 49.54 165.13 HOSPITAL VISITS .031 1.52 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 304.79 50.80 .006 60.96 OPHTHALMOLOGICAL SERVICES .31 **EXAMINATIONS** 304.79 50.80 .006 60.96 .31 .00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY 909.87 90.99 .010 454.94 .93 747.21 373.61 .002 373.61 .76 PRINCIPAL SURGEON .00 .000 ASSISTANT SURGEON 8 14 8 .00 .00 .00 162.66 .008 162.66 .17 ANESTHESIOLOGIST 20.33 1,477.50 105.54 .014 184.69 OUTPATIENT SURGERY 163.11 PRINCIPAL SURGEON 1,304.89 .008 217.48 1.33 0 .00 .00 ASSISTANT SURGEON .00 .000 .00 .18 ANESTHESIOLOGIST 172.61 28.77 .006 86.31 DIALYSIS 0 .00 .00 .000 .00 .00 PATHOLOGY 13 3.76 48.84 .013 5.43 .05 49 1,921.54 39.22 .050 54.90 1.96 RADIOLOGY .00 .000 PSYCHIATRY .00 .00 .00 IMMUNIZATION AND INJECTION 63.74 31.87 .002 31.87 .07 54.64 1,748.58 30.15 OTHER SERVICES/ALL X-OVERS 58 .059 1.78 @PHARMACY 352 1,770 89,474.30 50.55 1.806 \$ 254.19 \$ 91.30 PRESCRIPTION DRUGS 346 1,253 87,339.64 69.70 1.279 252.43 89.12 .000 .00 0 0 .00 SNF/ICF .00 .00 69.70 OUTPATIENTS 346 1,253 87,339.64 1.279 252.43 89.12

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	25	517	2,134.66	4.13	.528	85.39	2.18
@DENTIST	29	175 \$	5,654.00	\$ 32.31	.179	\$ 194.97	\$ 5.77
VISITS - DIAGNOSTIC	20	117	1,341.00	11.46	.119	67.05	1.37
ORAL SURGERY	3	4	300.00	75.00	.004	100.00	.31
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.12
ENDODONTICS	3	4	401.00	100.25	.004	133.67	.41
RESTORATIVE DENTISTRY	12	46	3,444.00	74.87	.047	287.00	3.51
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	50.00	25.00	.002	50.00	.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 17,258
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
	~		- /	~	c c-		

----- MONTHLY AVERAGE -----

TULARE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY			COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	Ω	OR DAIS OF CARE	\$	515.91	Р£ \$	19.84	.027		64.49		.53
DIAGNOSTIC AND ANC. PROCED	о Л	4	Ą	189.80	Ą	47.45	.004	Ą	47.45	Ą	.19
EYE APPLIANCES	0	22		326.11		14.82	.022		40.76		.33
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.001	Ġ	16.72	Ġ	.02
VISITS	1	1	Ą	16.72	Ą	16.72	.001	Ą	16.72	Ą	.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ċ	.00	Ġ	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	\$.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	0	0	Š	.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0	0 0 0	Š	.00	Š	.00	.000	Š	.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00		.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00		.00
@TOTAL HOSPITAL	108	530	Š	65,037.58	Š	122.71	.541		602.20		66.36
HOSP INPATIENT TOTAL	11	37	Υ	52,601.20	Υ	1421.65	.038	~	4781.93	τ.	53.67
HSC HOSPITALS	1	1		1,890.00		1890.00	.001		1890.00		1.93
NON-HSC HOSPITAL TOTAL	10	36		50,711.20		1408.64	.037		5071.12		51.75
ACCOMMODATIONS	10	36		12,990.60		360.85	.037		1299.06		13.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	36		12,990.60		360.85	.037		1299.06		13.26
ANCILLARIES	10	0		37,720.60		.00	.000		3772.06		38.49
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	99	493		12,436.38		25.23	.503		125.62		12.69
MEDICAL	27	37		1,228.06		33.19	.038		45.48		1.25
SURGERY	8	9		407.05		45.23	.009		50.88		.42
PATHOLOGY	44	217		2,139.76		9.86	.221		48.63		2.18
RADIOLOGY	27	33		2,831.00		85.79	.034		104.85		2.89
ROOM USE	54	75		3,137.19		41.83	.077		58.10		3.20
CROSSOVERS/ALL OTH OUTPTNT	37	122		2,693.32		22.08	.124		72.79		2.75
@COUNTY HOSPITAL TOTAL	3	10	\$	195.34	\$	19.53	.010	\$	65.11	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	10	195.34	19.53	.010	65.11	.20
MEDICAL	2	2	36.18	18.09	.002	18.09	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	6	89.10	14.85	.006	89.10	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.06	35.03	.002	35.03	.07
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	T FOR JAN	2003 THRU DE	2003	PAGE 17,259

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL TULARE COUNTY

TULARE COUNTY	SUMMARY OF SERV	ICES FOR SSI APP	EAL/I	NLDC IN PA-DISABLE	ED Al	ID CODES 6N					
							M				
980 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	520	\$	64,842.24		124.70	.531	Ş	617.55	Ş	66.17
COMM HOSP INPATIENT TOTAL	11	37		52,601.20		1421.65	.038		4781.93		53.67
HSC HOSPITALS	1	1		1,890.00		1890.00	.001		1890.00		1.93
NON-HSC HOSPITALS TOTAL	10	36		50,711.20		1408.64	.037		5071.12		51.75
ACCOMMODATIONS	10	36		12,990.60		360.85	.037		1299.06		13.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	36		12,990.60		360.85	.037		1299.06		13.26
ANCILLARIES	10	0		37,720.60		.00	.000		3772.06		38.49
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	96 25	483		12,241.04		25.34	.493		127.51		12.49
MEDICAL	25	35		1,191.88		34.05	.036		47.68		1.22
SURGERY	8	9		407.05		45.23	.009		50.88		.42
PATHOLOGY	43	211		2,050.66		9.72	.215		47.69		2.09
RADIOLOGY	27	33		2,831.00		85.79	.034		104.85		2.89
ROOM USE	52	73		3,067.13		42.02	.074		58.98		3.13
CROSSOVERS/ALL OTH OUTPTNT		122		2,693.32		22.08	.124		72.79		2.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	¢	.00	Ġ	.00
MENTALLY ILL	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Ÿ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	Ċ.	.00	۲,	.00
@NURSING FACILITY	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0							.00		
	0	0		.00		.00	.000				.00
LEV B-SUBACUTE FREESTANDING	0	_		.00		.00			.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	4.	.00	4.	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	30	173	\$	2,589.89	\$	14.97	.177	\$	86.33	\$	2.64
PATHOLOGY	30	173		2,589.89		14.97	.177		86.33		2.64
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	160	245	\$	23,918.34	\$	97.63	.250	\$	149.49	\$	24.41
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	160	245		23,918.34		97.63	.250		149.49		24.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		ES MO	ONTH-OF-PAYMENT RE	EPORT			DEC		Р	AGE 17,260
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY			EAL/I	NLDC IN PA-DISABLE	ED A1	D CODES 6N	1 6P				,,
	_ J.L.L. OI DII(V					00000 01	M	ONT	HLY AVERA	GE	
980 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	∆ ₹/7	ERAGE COST					COST PER
200 111011111	ODEKO	OR DAYS OF CARE		LAI LIVETIONES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	90	246	\$	3,675.15	\$	14.94	.251		40.84		3.75
DURABLE MED. EQUIP.	1	1	ų	96.53	ų	96.53	.001	Ą	96.53	ų	.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
DIOOD DAME	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	3	3		75.00	25.00	.003	25.00	.08
MEDICAL TRANSPORTATION	15	78		1,107.37	14.20	.080	73.82	1.13
AMBULANCES/AIR TRANS	14	68		1,090.11	16.03	.069	77.87	1.11
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	10		17.26	1.73	.010	17.26	.02
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	18	42		426.96	10.17	.043	23.72	.44
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1		604.29	604.29	.001	604.29	.62
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	51	120		1,260.00	10.50	.122	24.71	1.29
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	41	198	\$	11,055.26	\$ 55.83	.202	\$ 269.64	\$ 11.28
@XOVER EXCLUDING STATE HOSP**	18	532	\$	1,038.38	\$ 1.95	.543	\$ 57.69	\$ 1.06
⊕ + momaid in milede iined abe div	TAT A C A CDDADAMD	TATEODAGAERTOAT	TENTAL ONTE S	7.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,261
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
TULARE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

IOLARE COUNTI	SUMMAKI OF SEK	VICES FOR CRA	TR CHO	F2- AGED IN PA-AGED	AID CODE	r Tr		
						MON	ITHLY AVERA	GE
572 ELIGIBLES	USERS	UNITS OF SER	RVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	800	18,70	9 \$	1,332,468.63	\$ 71.22	32.708 \$	1665.59	\$ 2329.49
@PHYSICIANS SERVICES	72	19	9 \$	4,062.24	\$ 20.41	.348 \$	56.42	\$ 7.10
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00		.00 .00	0	.00		.00
PATHOLOGY	0	0		.00		.00 .00	0	.00		.00
RADIOLOGY	0	0		.00		.00 .00	0	.00		.00
PSYCHIATRY	0	0		.00		.00 .00	0	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00 .00	0	.00		.00
OTHER SERVICES/ALL X-OVERS	72	199		4,062.24	20	.41 .34	8	56.42		7.10
@PHARMACY	696	3,808	\$	202,803.10	\$ 53	.26 6.65	7 \$	291.38	\$	354.55
PRESCRIPTION DRUGS	689	3,303		195,886.18	59	.31 5.77	4	284.31		342.46
SNF/ICF	333	1,918		105,041.02	54	.77 3.35	3	315.44		183.64
OUTPATIENTS	361	1,385		90,845.16	65	.59 2.42	1	251.65		158.82
MEDICAL SUPPLIES	75	505		6,916.92	13	.70 .88	3	92.23		12.09
@DENTIST	28	153	\$	6,489.00	\$ 42	.41 .26	7 \$	231.75	\$	11.34
VISITS - DIAGNOSTIC	19	76		1,002.00	13	.18 .13	3	52.74		1.75
ORAL SURGERY	5	30		1,056.00	35	.20 .05	2	211.20		1.85
DRUGS	0	0		.00		.00 .00	0	.00		.00
ANESTHESIA	0	0		.00		.00 .00	0	.00		.00
PERIODONTICS	0	1		.00		.00 .00	2	.00		.00
ENDODONTICS	0	0		.00		.00 .00	0	.00		.00
RESTORATIVE DENTISTRY	6	21		1,011.00	48	.14 .03	7	168.50		1.77
PROSTHETICS	0	0		.00		.00 .00	0	.00		.00
DENTURES, STAYPLATES	12	24		3,420.00	142	.50 .04	2	285.00		5.98
SPACE MAINTAINERS	0	0		.00		.00 .00	0	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00 .00	0	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00 .00	0	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00 .00	0	.00		.00
ALL OTHER SERVICES	1	1		.00		.00 .00	2	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	URES MO	NTH-OF-PAYMENT RE	EPORT FOR	JAN 2003 THR	U DEC	2003	PI	AGE 17,262
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	AI	D CODE 1E				
							MON	THLY AVERA	GE -	

						M	ONT	HLY AVERA	GE	
572 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	11	24	\$ 359.53	\$	14.98	.042	\$	32.68	\$.63
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.002		47.45		.08
EYE APPLIANCES	6	17	238.00		14.00	.030		39.67		.42
OTHER OPTOMETRIC SERVICES	5	6	74.08		12.35	.010		14.82		.13
@CHIROPRACTOR	1	2	\$ 7.76	\$	3.88	.003	\$	7.76	\$.01
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	1	2	7.76		3.88	.003		7.76		.01
@PODIATRIST	10	19	\$ 68.69	\$	3.62	.033	\$	6.87	\$.12
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	10	19	68.69		3.62	.033		6.87		.12
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	80	\$ 13,755.92	\$	171.95	.140	\$	491.28	\$	24.05
HOSP INPATIENT TOTAL	17	46	12,653.80		275.08	.080		744.34		22.12
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	17	46	12,653.80		275.08	.080		744.34		22.12
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	11	34	1,102.12	32.42	.059	100.19	1.93	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	11	34	1,102.12	32.42	.059	100.19	1.93	
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	003 THRU DE	C 2003	PAGE 17,263	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
TULARE COUNTY	SUMMARY OF SERVICES FOR	R CRAIG CASI	ES- AGED IN PA-AGED	AID CODE	1E			
					MON	THLY AVERAG	GE	
572 ELIGIBLES	USERS UNITS (OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR DAY	S OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	28	80 \$	13,755.92	\$ 171.95	.140 \$		\$ 24.05	
COMM HOSP INPATIENT TOTAL	17	46	12,653.80	275.08	.080	744.34	22.12	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

572 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST		S C	OST PER	01	COST PER
		OR DAYS OF CAR	Ξ		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	80	\$	13,755.92	\$	171.95	.140	\$	491.28	\$	24.05
COMM HOSP INPATIENT TOTAL	17	46		12,653.80		275.08	.080		744.34		22.12
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	17	46		12,653.80		275.08	.080		744.34		22.12
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	34		1,102.12		32.42	.059		100.19		1.93
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	11	34		1,102.12		32.42	.059		100.19		1.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	340	8,697	\$	1,071,193.46	\$	123.17	15.205	\$	3150.57	\$	1872.72
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	86		47,570.90		553.15	.150	1	1892.73		83.17
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	336	8,611		1,023,622.56		118.87	15.054		3046.50		1789.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_	_					
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	5	\$ 56.05	\$ 11.21	.009	\$ 11.21	\$.10
PATHOLOGY	1	1	28.00	28.00	.002	28.00	.05
XO AND OTHERS	4	4	28.05	7.01	.007	7.01	.05
@ORGANIZED OUTPATIENT CLINIC	39	65	\$ 2,592.05	\$ 39.88	.114	\$ 66.46	\$ 4.53
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 39 65 2,592.05 39.88 .114 66.46 4.53 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,264 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MO	NTHLY AVERA	GE
572 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	145	5,657 \$	31,080.83	\$ 5.49	9.890	\$ 214.35	\$ 54.34
DURABLE MED. EQUIP.	19	85	3,852.27	45.32	.149	202.75	6.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	8	2,029.19	253.65	.014	253.65	3.55
MEDICAL TRANSPORTATION	38	302	1,900.51	6.29	.528	50.01	3.32
AMBULANCES/AIR TRANS	2	5	121.36	24.27	.009	60.68	.21
OTHER TRANS	32	286	1,646.55	5.76	.500	51.45	2.88
OTHER SERVICES	5	11	132.60	12.05	.019	26.52	.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	14	1,249.19	89.23	.024	416.40	2.18
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	36	456.75	12.69	.063	26.87	.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	5.94	.99	.010	2.97	.01
PROSTHETIST/ORTHOTISTS	2	4	83.20	20.80	.007	41.60	.15
PROSTHETICS	2	4	83.20	20.80	.007	41.60	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	10	442.75	44.28	.017	73.79	.77
HOSPICE SERVICES	3	157	17,438.02	111.07	.274	5812.67	30.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	5,035	3,623.01	.72	8.802	61.41	6.33
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	198	3,238 \$	34,311.31	\$ 10.60	5.661	\$ 173.29	\$ 59.98
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION ITEM	ONLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LIN	ES ABOVE.				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,265 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

TODAKE COONTI	DOMINION OF DELC	VICUD IOIC	CIGITO	2110110	DUTIND IN IN DUTIN	1110 CODI			
							MOI	NTHLY AVERA	GE
23 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	63	3	3,777	\$	93,441.25	\$ 24.74	164.217	\$ 1483.19	\$ 4062.66
@PHYSICIANS SERVICES	13		53	\$	3,101.51	\$ 58.52	2.304	\$ 238.58	\$ 134.85
OUTPATIENT VISITS	5		9		335.58	37.29	.391	67.12	14.59
OFFICE VISITS	5		8		227.50	28.44	.348	45.50	9.89
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1		1		108.08	108.08	.043	108.08	4.70
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	2		13		640.91	49.30	.565	320.46	27.87
HOSPITAL VISITS	2		13		640.91	49.30	.565	320.46	27.87
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3		4		199.18	49.80	.174	66.39	8.66
SNF/ICF/TRANS IP CARE	0 0 3		0 0 4		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	3	4		199.18		49.80	.174		66.39		8.66
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	6		1,559.00		259.83	.261		779.50		67.78
PRINCIPAL SURGEON	2	2		1,427.03		713.52	.087		713.52		62.04
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		131.97		32.99	.174		131.97		5.74
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	7		21.44		3.06	.304		4.29		.93
RADIOLOGY	3	7		220.08		31.44	.304		73.36		9.57
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	6	7		125.32		17.90	.304		20.89		5.45
@PHARMACY	52	253	\$	27,564.63	\$	108.95	11.000	\$	530.09	Ś	1198.46
PRESCRIPTION DRUGS	51	232	4	26,901.11	4	115.95	10.087	т	527.47	-	1169.61
SNF/ICF	14	103		7,664.94		74.42	4.478		547.50		333.26
OUTPATIENTS	37	129		19,236.17		149.12	5.609		519.90		836.36
MEDICAL SUPPLIES	7	21		663.52		31.60	.913		94.79		28.85
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.00	•	.00	.000	•	.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR7	r for Jan	2003 THRU	DEC	2003	Р	AGE 17,266
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FO	R CRAIG	CASES	- BLIND IN PA-BLI	ND	AID CO	DE 2E				
							M				
22 ELICIDIEC	TICEDO INTERO	OE CEDITE	P	PADEMDIAIDEC	7\ \ 7.7	בהאמה מסמי	TINTT TO (T) X X	0 /	משת שפסר		COCH DED

						1.1	OIVI	11111 1111111	ш	
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	5	15	\$ 93.19	\$	6.21	.652	\$	18.64	\$	4.05
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	5	15	93.19		6.21	.652		18.64		4.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	42	\$ 9,901.05	\$	235.74	1.826	\$	1100.12	\$	430.48

HOSP INPATIENT TOTAL	1		7		8,558.77	1222.68	.304	8558.77	372.12
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1		7		8,558.77	1222.68	.304	8558.77	372.12
ACCOMMODATIONS	1		7		2,772.00	396.00	.304	2772.00	120.52
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		7		2,772.00	396.00	.304	2772.00	120.52
ANCILLARIES	1		0		5,786.77	.00	.000	5786.77	251.60
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8		35		1,342.28	38.35	1.522	167.79	58.36
MEDICAL	2		2		206.80	103.40	.087	103.40	8.99
SURGERY	1		1		185.27	185.27	.043	185.27	8.06
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	1		2		171.49	85.75	.087	171.49	7.46
CROSSOVERS/ALL OTH OUTPINT	7		30		778.72	25.96	1.304	111.25	33.86
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	т.	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		Ô		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		Ô		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		Ô		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0		Ô		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		Ô		.00	.00	.000	.00	.00
RADIOLOGY	0		Ô		.00	.00	.000	.00	.00
ROOM USE	0		Ô		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		Ô		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	ENDITUR	ES MC	NTH-OF-PAYMENT RE				PAGE 17,267
MOP024	FEE-FOR-SERVICE				01 111111111 111	- 0111 - 011 011	. 2005 111110	220 2005	01/29/04
TULARE COUNTY			CRATG C	'ASES-	BLIND IN PA-BLIN	D AID CO	DE 2E		01/25/01
	SSIMME OF BUILT	1010 1010	0.4110			111111111		ONTHLY AVERA	GE
23 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPENDITURES	AVERAGE COS	T UNITS/DAY	-	COST PER
23 11101110	00110	ON DAVC					V DED ELTC		EL LCIDI E

					11011		01
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	42 \$	9,901.05	\$ 235.74	1.826 \$	1100.12	\$ 430.48
COMM HOSP INPATIENT TOTAL	1	7	8,558.77	1222.68	.304	8558.77	372.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	7	8,558.77	1222.68	.304	8558.77	372.12
ACCOMMODATIONS	1	7	2,772.00	396.00	.304	2772.00	120.52
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	2,772.00	396.00	.304	2772.00	120.52
ANCILLARIES	1	0	5,786.77	.00	.000	5786.77	251.60
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	35	1,342.28	38.35	1.522	167.79	58.36
MEDICAL	2	2	206.80	103.40	.087	103.40	8.99
SURGERY	1	1	185.27	185.27	.043	185.27	8.06
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	171.49	85.75	.087	171.49	7.46
CROSSOVERS/ALL OTH OUTPTNT	7	30	778.72	25.96	1.304	111.25	33.86
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	14	366	\$	4	7,831.86	\$	130.69	15.913	\$	3416.56	\$	2079.65
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	14	366		4	7,831.86		130.69	15.913		3416.56		2079.65
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	5	\$		1,853.04	\$	370.61	.217	\$	463.26	\$	80.57
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5			1,853.04		370.61	.217		463.26		80.57
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	27	\$		442.09	\$	16.37	1.174	\$	110.52	\$	19.22
PATHOLOGY	4	27			442.09		16.37	1.174		110.52		19.22
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	20	\$		1,378.52	\$	68.93	.870	\$	106.04	\$	59.94
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	20			1,378.52		68.93	.870		106.04		59.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MOI	NTH-OF-	PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 17,268
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND	IN PA-BLI	ND	AID COI	DE 2E				

----- MONTHLY AVERAGE -----23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER ELIG OR DAYS OF CARE PER UNIT/DAY USER ELIGIBLE @ALL OTHER PROVIDERS 2,996 1,275.36 .43 130.261 \$ 91.10 \$ 55.45 14 \$ DURABLE MED. EQUIP. 1 3 108.18 36.06 .130 108.18 4.70 BLOOD BANK 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 116 385.88 3.33 5.043 64.31 16.78 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 .00 338.79 110 3.08 67.76 14.73 OTHER TRANS 4.783 OTHER SERVICES 6 47.09 7.85 .261 47.09 2.05 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 OPTICIAN .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 1.60 .80 1.60 .07 PORTABLE X-RAY .087 0 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 111.45 55.73 .087 111.45 4.85 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 0 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	7	2,873		668.25		.23	124.913		95.46		29.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	16	92	\$	4,612.02	\$	50.13	4.000	\$	288.25	\$	200.52
@* TOTALS IN THESE LINES ARE G	IVEN AS A SEPARA	ATE INFORMATION	I ITEM	ONLY;							
THE AMOUNTS ARE ALREADY INC	LUDED IN THE API	PROPRIATE DETAI	L LIN	ES ABOVE.							
** THESE DATA ARE INCLUDED IN	THE APPROPRIAT	E DETAIL LINES	ABOVE	•							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES 1	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	I	PAGE 17,269
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR CRAIC	CASE	S- DISABLED IN PA	-DISAE	BLED AID C	ODE 6E				
							M	ONT	HLY AVERA	GE	
1,809 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,601	105,829	\$	3,606,459.89	\$	34.08	58.501	\$	1386.57	\$	1993.62
@PHYSICIANS SERVICES	488	2,131	\$	74,499.87	\$	34.96	1.178	\$	152.66	\$	41.18
OUTPATIENT VISITS	226	304		12,957.20		42.62	.168		57.33		7.16
OFFICE VISITS	132	171		5,532.24		32.35	.095		41.91		3.06

HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	74	87		5,505.79	63.28	.048		74.40		3.04
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	29	46		1,919.17	41.72	.025		66.18		1.06
INPATIENT VISITS	49	242		12,623.16	52.16	.134		257.62		6.98
HOSPITAL VISITS	30	161		6,790.82	42.18	.089		226.36		3.75
CRITICAL CARE	8	20		3,233.73	161.69	.011		404.22		1.79
SNF/ICF/TRANS IP CARE	16	61		2,598.61	42.60	.034		162.41		1.44
OPHTHALMOLOGICAL SERVICES	4	5		198.42	39.68	.003		49.61		.11
EXAMINATIONS	4	5		198.42	39.68	.003		49.61		.11
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	19	151		13,568.32	89.86	.083		714.12		7.50
PRINCIPAL SURGEON	13	24		9,798.58	408.27	.013		753.74		5.42
ASSISTANT SURGEON	3	4		1,246.46	311.62	.002		415.49		.69
ANESTHESIOLOGIST	9	123		2,523.28	20.51	.068		280.36		1.39
OUTPATIENT SURGERY	24	62		5,091.84	82.13	.034		212.16		2.81
PRINCIPAL SURGEON	20	27		3,813.56	141.24	.015		190.68		2.11
ASSISTANT SURGEON	1	1		267.85	267.85	.001		267.85		.15
ANESTHESIOLOGIST	5	34		1,010.43	29.72	.019		202.09		.56
DIALYSIS	2	18		962.20	53.46	.010		481.10		.53
PATHOLOGY	32	96		778.97	8.11	.053		24.34		.43
RADIOLOGY	113	244		7,579.48	31.06	.135		67.08		4.19
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	10	191		9,587.68	50.20	.106		958.77		5.30
OTHER SERVICES/ALL X-OVERS	205	818		11,152.60	13.63	.452		54.40		6.17
@PHARMACY	2,006	22,808	\$	718,909.68	\$ 31.52	12.608	\$	358.38	Ś	397.41
PRESCRIPTION DRUGS	1,981	9,706	т	692,739.62	71.37	5.365	7	349.69	-	382.94
SNF/ICF	420	3,114		168,291.58	54.04	1.721		400.69		93.03
OUTPATIENTS	1,582	6,592		524,448.04	79.56	3.644		331.51		289.91
MEDICAL SUPPLIES	233	13,102		26,170.06	2.00	7.243		112.32		14.47
@DENTIST	136	724	\$	29,524.14	\$ 40.78	.400	\$	217.09	Ś	16.32
VISITS - DIAGNOSTIC	92	464	т	5,351.00	11.53	.256	7	58.16	-	2.96
ORAL SURGERY	13	44		2,370.00	53.86	.024		182.31		1.31
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	1		100.00	100.00	.001		.00		.06
PERIODONTICS	22	24		1,741.00	72.54	.013		79.14		.96
ENDODONTICS	 16	33		5,694.00	172.55	.018		355.88		3.15
RESTORATIVE DENTISTRY	42	116		8,572.00	73.90	.064		204.10		4.74
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	15	29		5,010.00	172.76	.016		334.00		2.77
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	2		196.14	98.07	.001		98.07		.11
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	5	7		490.00	70.00	.004		98.00		. 27
ALL OTHER SERVICES	6	4		.00	.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITUR	RES MO				DEC		P.	AGE 17,270
MOP024	FEE-FOR-SERVICE/DENTA						-			01/29/04
TULARE COUNTY	SUMMARY OF SERVICES I		CASES-	DISABLED IN PA-	DISABLED AID	CODE 6E				

----- MONTHLY AVERAGE -----1,809 ELIGIBLES USERS COST PER UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 63 170 3,580.47 21.06 .094 \$ 56.83 \$ 1.98 DIAGNOSTIC AND ANC. PROCED 31 32 1,453.59 45.42 .018 46.89 .80 44 122 1,998.03 16.38 .067 45.41 1.10 EYE APPLIANCES 10 OTHER OPTOMETRIC SERVICES 16 128.85 8.05 .009 12.89 .07 @CHIROPRACTOR 9 17 271.86 \$ 15.99 .009 \$ 30.21 \$.15 6 12 200.64 16.72 .007 33.44 .11 VISITS 5 71.22 OTHER SERVICES 3 14.24 .003 23.74 .04 26 370.84 .014 \$ @PODIATRIST 16 \$ \$ 14.26 23.18 \$.20

MEDICINE/INJECTIONS	3	3		129.60		43.20	.002	43.20		.07
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO / PATHOLOGY	1	1		17.30		17.30	.001	17.30		.01
OTHER	13	22		223.94		10.18	.012	17.23		.12
@HOME HEALTH ACENCY	8	28	Ċ	1,848.97	\$.015		Ċ	1.02
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0	0	ς. Υ	1,040.57	٠ ب	00.03	.000	\$.00		.00
NURSE ANESTHESISI	0	0	Ş	.00	\$.00				
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.000			.00
FAMILY NURSE PRACTITIONER	1	1	\$	82.70	\$	82.70	.001			.05
@TOTAL HOSPITAL	296	1,419	\$	319,901.41		225.44		\$ 1080.75	\$	176.84
OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	3 0 1 13 8 0 0 0 1 296 41	142		.00 82.70 319,901.41 285,598.13		2011.25	.078	6965.81		157.88
HSC HOSPITALS	8	52		69,870.00		1343.65	.029	8733.75		38.62
HSC HOSPITALS NON-HSC HOSPITAL TOTAL	16	68		201,851.80		2968.41	.038	12615.74		111.58
ACCOMMODATIONS	16	68		36,276.55		533.48	.038	2267.28		20.05
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.001	231.30		.13
TRANSITIONAL IP CARE	0	0		.00		. 0.0	.000	.00		.00
ALL OTHER ACCOM	16 1 0 15 16 17	67		36 045 25		.00 537.99 .00 630.74 .00 26.86	.037	2403.02		19.93
ANCILLARIES	16	0,		165 575 25		00	.000	10348.45		91.53
INPATIENT CROSSOVERS	17	2.2		13 976 33		630 74				7.67
ALL OTHER INDATTENT	17	22		13,070.33		030.74	.000	816.25 .00 131.43		.00
ALL OIDER INPAILENT	261	1 277		24 202 20		26 96	.706	131.43		18.96
HOSP OUTPAILENT TOTAL	201	1,4//		34,303.20		Z0.00	.706	70 20		2.30
MEDICAL	59 13	8 I		4,152.23		51.26 58.02	.045	70.38 66.94		
SURGERY	13	15		870.28		58.02	.008	66.94		. 48
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	98	505		285,598.13 69,870.00 201,851.80 36,276.55 231.30 .00 36,045.25 165,575.25 13,876.33 .00 34,303.28 4,152.23 870.28 5,595.40 10,313.80		11.08 94.62	.279	57.10 133.95		3.09
RADIOLOGY	77 109 106	109		•				133.95		5.70
ROOM USE	109	150		6,166.30		41.11	.083	56.57		3.41
CROSSOVERS/ALL OTH OUTPINT	106	417		7,205.27		17.28	.231	67.97		3.98
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	6	9	\$	2,758.82	\$	306.54	.005	\$ 459.80	\$	1.53
CO HOSPITAL INPATIENT TOTAL	2	2		2,545.00		1272.50	.001	1272.50		1.41
HSC HOSPITALS	2	2		2,545.00		1272.50 1272.50	.001	1272.50		1.41
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	77 109 106 6 2 2 0 0 0 0 0 0 0 0 4 2 0 1 1 2 0 MEDI-CAL SERVICES AND F	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	7		213.82		30.55				
CO HOSP OUTPATIENT TOTAL	4	7					.004	53.46		.12
MEDICAL	2	2		76.75		38.38	.001	38.38		.04
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	2		30.93		15.47	.001	30.93		.02
RADIOLOGY	1	1		39.72		39.72	.001	39.72		.02
ROOM USE	2	2		66.42		33.21	.001	33.21		.04
CROSSOVERS/ALL OTH OUTPTNT	0	0				.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		EXPENDITU	RES M	MONTH-OF-PAYMENT RE	POR'	r for Jan	2003 THRU D	EC 2003		
	FEE-FOR-SERVICE/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERVICES FOR	R CRAIG	CASES	S- DISABLED IN PA-D	ISAI	BLED AID C	ODE 6E			
							MOI	NTHLY AVERA	GE -	

1,809 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .779 \$ 1086.10 \$ 175.31 @COMMUNITY HOSPITAL TOTAL 292 1,410 317,142.59 \$ 224.92 COMM HOSP INPATIENT TOTAL 40 140 283,053.13 2021.81 .077 7076.33 156.47 7 HSC HOSPITALS 50 67,325.00 1346.50 .028 9617.86 37.22 NON-HSC HOSPITALS TOTAL 68 2968.41 .038 12615.74 16 201,851.80 111.58 16 68 20.05 ACCOMMODATIONS 36,276.55 533.48 .038 2267.28 ADMINISTRATIVE DAYS 1 1 231.30 231.30 .001 231.30 .13 .00 TRANSITIONAL IP CARE 0 0 .00 .000 .00 .00 15 67 36,045.25 ALL OTHER ACCOM 537.99 .037 2403.02 19.93 165,575.25 ANCILLARIES 16 0 .00 .000 10348.45 91.53

INPATIENT CROSSOVERS	17	22		13,876.33		630.74	.012	816.2	5	7.67	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.(.00	
COMM HOSP OUTPATIENT TOTAL	258	1,270		34,089.46		26.84	.702	132.1		18.84	
MEDICAL	57	79		4,075.48		51.59	.044	71.5		2.25	
SURGERY	13	15		870.28		58.02	.008	66.9		.48	
PATHOLOGY	97	503		5,564.47		11.06	.278	57.3		3.08	
RADIOLOGY	77	108		10,274.08		95.13	.060	133.4		5.68	
ROOM USE	107	148		6,099.88		41.22	.082	57.0		3.37	
CROSSOVERS/ALL OTH OUTPTNT		417		7,205.27		17.28	.231	67.9		3.98	
@STATE HOSPITAL	13	533	\$	264,336.12	\$	495.94	.295	\$ 20333.5			
MENTALLY ILL	0	0	т	.00	4	.00	.000	.(.00	
DEVELOP. DISABLED	13	533		264,336.12		495.94	. 295	20333.5		146.12	
@NURSING FACILITY	369	9,753	\$	1,683,266.70	\$	172.59	5.391	\$ 4561.7			
LEV A-INTERMEDIATE	0	0	'	.00	•	.00	.000	. (.00	
LEV B-REHAB MD	0	0		.00		.00	.000	. (.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	. (.00	
LEV B-SUBACUTE HSPTL BASED	40	1,178		665,564.72		565.00	.651	16639.1	.2	367.92	
LEV B-TRANSITIONAL IP CARE	0	. 0		.00		.00	.000	. (0	.00	
LEV B-REGULAR	332	8,575		1,017,701.98		118.68	4.740	3065.3		562.58	
@INTERMEDIATE CARE FACILDD	75	2,022	\$	356,845.83	\$	176.48	1.118	\$ 4757.9	4 \$	197.26	
ICF DDH	13	368	•	54,762.56	•	148.81	.203	4212.5	0	30.27	
ICF DD	0	0		.00		.00	.000	. (0	.00	
ICF DDN/DDCN	62	1,654		302,083.27		182.64	.914	4872.3	1	166.99	
@HEMODIALYSIS TOTAL	14	18	\$	10,185.86	\$	565.88	.010	\$ 727.5	6 \$	5.63	
HOSPITAL BASED	0	0	•	.00	•	.00	.000	. (0	.00	
HEMODIALYSIS CENTER	14	18		10,185.86		565.88	.010	727.5	6	5.63	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.00	
HOSPITAL BASED	0	0		.00		.00	.000	. (0	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	. (0	.00	
@LABORATORY FACILITY	92	445	\$	4,842.19	\$	10.88	.246	\$ 52.6	3 \$	2.68	
PATHOLOGY	88	432		4,333.01		10.03	.239	49.2	4	2.40	
XO AND OTHERS	4	13		509.18		39.17	.007	127.3	0	.28	
@ORGANIZED OUTPATIENT CLINIC	489	846	\$	75,338.37	\$	89.05	.468	\$ 154.0	7 \$	41.65	
CLINIC	1	5		188.55		37.71	.003	188.5	5	.10	
SURGICENTER	8	43		1,644.95		38.25	.024	205.6	2	.91	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	. (0	.00	
RURAL HEALTH CLINIC	480	798		73,504.87		92.11	.441	153.1	4	40.63	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC 2003		PAGE 17,272	
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04	
TULARE COUNTY	SUMMARY OF SERVICES FO	R CRAIG	CASES-	DISABLED IN PA-I	DISAE	BLED AID (CODE 6E				
									~ _		

----- MONTHLY AVERAGE -----USERS EXPENDITURES 1,809 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 432 64,888 62,654.88 \$.97 35.870 \$ 145.03 \$ 34.64 108.91 174 287.14 DURABLE MED. EQUIP. 66 18,950.92 .096 10.48 .00 0 Ω .00 .000 .00 .00 BLOOD BANK .00 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS 203.88 MEDICAL TRANSPORTATION 80 2,919 16,310.57 5.59 1.614 9.02 38 507 5,082.64 10.02 .280 133.75 2.81 AMBULANCES/AIR TRANS 38 2,383 11,069.73 4.65 291.31 OTHER TRANS 1.317 6.12 OTHER SERVICES 29 158.20 5.46 .016 19.78 .09 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .000 .00 OCCUPATIONAL THERAPIST OPTICIAN 80 179 2,155.05 12.04 .099 26.94 1.19 0 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .007 PORTABLE X-RAY 13 126.38 9.72 25.28 .07 PROSTHETIST/ORTHOTISTS 11 1,508.69 137.15 .006 377.17 .83

PROSTHETICS	3	10	1,483.09	148.31	.006	494.36	.82
ORTHOTICS	1	1	25.60	25.60	.001	25.60	.01
PSYCHOLOGIST	1	25	40.00	1.60	.014	40.00	.02
SPEECH AND AUDIOLOGY	6	8	825.00	103.13	.004	137.50	.46
HOSPICE SERVICES	4	26	2,994.92	115.19	.014	748.73	1.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	57	421	5,746.59	13.65	.233	100.82	3.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	61,112	13,996.76	.23	33.782	84.83	7.74
@CALIF. CHILDREN SERVICES*	80	789	\$ 64,610.45	\$ 81.89	.436	\$ 807.63	\$ 35.72
@XOVER EXCLUDING STATE HOSP**	339	3,033	\$ 56,604.05	\$ 18.66	1.677	\$ 166.97	\$ 31.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,273

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

					MONT	THLY AVERA	GE
2,404 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,464	128,315 \$	5,032,369.77	\$ 39.22	53.376 \$	1452.76	\$ 2093.33
@PHYSICIANS SERVICES	573	2,383 \$	81,663.62	\$ 34.27	.991 \$	142.52	\$ 33.97
OUTPATIENT VISITS	231	313	13,292.78	42.47	.130	57.54	5.53
OFFICE VISITS	137	179	5,759.74	32.18	.074	42.04	2.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	75	88	5,613.87	63.79	.037	74.85	2.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	29	46	1,919.17	41.72	.019	66.18	.80
INPATIENT VISITS	51	255	13,264.07	52.02	.106	260.08	5.52
HOSPITAL VISITS	32	174	7,431.73	42.71	.072	232.24	3.09
CRITICAL CARE	8	20	3,233.73	161.69	.008	404.22	1.35
SNF/ICF/TRANS IP CARE	16	61	2,598.61	42.60	.025	162.41	1.08
OPHTHALMOLOGICAL SERVICES	7	9	397.60	44.18	.004	56.80	.17
EXAMINATIONS	7	9	397.60	44.18	.004	56.80	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	151	13,568.32	89.86	.063	714.12	5.64
PRINCIPAL SURGEON	13	24	9,798.58	408.27	.010	753.74	4.08
ASSISTANT SURGEON	3	4	1,246.46	311.62	.002	415.49	.52
ANESTHESIOLOGIST	9	123	2,523.28	20.51	.051	280.36	1.05
OUTPATIENT SURGERY	26	68	6,650.84	97.81	.028	255.80	2.77
PRINCIPAL SURGEON	22	29	5,240.59	180.71	.012	238.21	2.18
ASSISTANT SURGEON	1	1	267.85	267.85	.000	267.85	.11
ANESTHESIOLOGIST	6	38	1,142.40	30.06	.016	190.40	.48
DIALYSIS	2	18	962.20	53.46	.007	481.10	.40
PATHOLOGY	37	103	800.41	7.77	.043	21.63	.33
RADIOLOGY	116	251	7,799.56	31.07	.104	67.24	3.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	191	9,587.68	50.20	.079	958.77	3.99
OTHER SERVICES/ALL X-OVERS	283	1,024	15,340.16	14.98	.426	54.21	6.38
@PHARMACY	2,754	26,869 \$	949,277.41	\$ 35.33	11.177 \$	344.69	\$ 394.87
PRESCRIPTION DRUGS	2,721	13,241	915,526.91	69.14	5.508	336.47	380.83
SNF/ICF	767	5,135	280,997.54	54.72	2.136	366.36	116.89
OUTPATIENTS	1,980	8,106	634,529.37	78.28	3.372	320.47	263.95
MEDICAL SUPPLIES	315	13,628	33,750.50	2.48	5.669	107.14	14.04
@DENTIST	164	877 \$	36,013.14	\$ 41.06	.365 \$	219.59	\$ 14.98
VISITS - DIAGNOSTIC	111	540	6,353.00	11.76	.225	57.23	2.64
ORAL SURGERY	18	74	3,426.00	46.30	.031	190.33	1.43

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	1	100.00	100.00	.000	.00	.04
PERIODONTICS	22	25	1,741.00	69.64	.010	79.14	.72
ENDODONTICS	16	33	5,694.00	172.55	.014	355.88	2.37
RESTORATIVE DENTISTRY	48	137	9,583.00	69.95	.057	199.65	3.99
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	27	53	8,430.00	159.06	.022	312.22	3.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	196.14	98.07	.001	98.07	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	490.00	70.00	.003	98.00	.20
ALL OTHER SERVICES	7	5	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 17,274
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
TULARE COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASE	S- TOTAL IN PA-TOTAL				

----- MONTHLY AVERAGE -----

2,404 ELIGIBLES		OF SERVICE AYS OF CARE	EXP	ENDITURES			UNITS/DAY		R	COST PER ELIGIBLE
@OPTOMETRIST	74	194 \$		3,940.00		20.31	.081		4 \$	
DIAGNOSTIC AND ANC. PROCED	32	33		1,501.04		45.49	.014	46.9		.62
EYE APPLIANCES	50	139		2,236.03		16.09	.058	44.7		.93
OTHER OPTOMETRIC SERVICES	15	22		202.93		9.22	.009	13.5		.08
@CHIROPRACTOR	10	19 \$		279.62	\$	14.72	.008			
VISITS	6	12		200.64		16.72	.005	33.4		.08
	4	7		78.98		11.28	.003	19.7		.03
OTHER SERVICES	31			532.72	\$	8.88	.003			
@PODIATRIST	3	60 \$ 3								
MEDICINE/INJECTIONS	0			129.60		43.20	.001	43.2		.05
SURGERY/ANES.	1	0		.00		.00	.000	.0		.00
RADIO./PATHOLOGY		1		17.30		17.30	.000	17.3		.01
OTHER	28	56		385.82	4	6.89	.023	13.7	8	.16
@HOME HEALTH AGENCY	8	28 \$		1,848.97	\$	66.03	.012	\$ 231.1		
NURSE ANESTHESIST	0	0 \$.00	Ş	.00	.000	\$.0		.00
NURSE MIDWIFE	0	0 \$.00	Ş	.00	.000	\$.0		.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.0		
FAMILY NURSE PRACTITIONER	1	1 \$		82.70	•	82.70	.000			.03
@TOTAL HOSPITAL	333	1,541 \$		43,558.38		22.95	.641			
HOSP INPATIENT TOTAL	59	195		06,810.70		73.39	.081	5200.1		127.63
HSC HOSPITALS	8	52		69,870.00		343.65	.022	8733.7	5	29.06
NON-HSC HOSPITAL TOTAL	17	75		10,410.57		305.47	.031	12377.0		87.53
ACCOMMODATIONS	17	75		39,048.55		20.65	.031	2296.9		16.24
ADMINISTRATIVE DAYS	1	1		231.30	2	231.30	.000	231.3	0	.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	16	74		38,817.25	5	24.56	.031	2426.0	8	16.15
ANCILLARIES	17	0	1	71,362.02		.00	.000	10080.1	2	71.28
INPATIENT CROSSOVERS	34	68		26,530.13	3	390.15	.028	780.3	0	11.04
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0	0	.00
HOSP OUTPATIENT TOTAL	280	1,346		36,747.68		27.30	.560	131.2	4	15.29
MEDICAL	61	83		4,359.03		52.52	.035	71.4	6	1.81
SURGERY	14	16		1,055.55		65.97	.007	75.4	0	.44
PATHOLOGY	98	505		5,595.40		11.08	.210	57.1		2.33
RADIOLOGY	77	109		10,313.80		94.62	.045	133.9	5	4.29
ROOM USE	110	152		6,337.79		41.70	.063	57.6	2	2.64
CROSSOVERS/ALL OTH OUTPTNT	124	481		9,086.11		18.89	.200	73.2	8	3.78
@COUNTY HOSPITAL TOTAL	6	9 \$		2,758.82	\$ 3	306.54	.004	\$ 459.8	0 \$	1.15
CO HOSPITAL INPATIENT TOTAL	2	2		2,545.00	12	272.50	.001	1272.5	0	1.06
HSC HOSPITALS	2	2		2,545.00	12	72.50	.001	1272.5	0	1.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.0	0	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.0	0	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0	0	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.0	0	.00
ANCILLARIES	0	0		.00		.00	.000	.0	0	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0		.00
CO HOSP OUTPATIENT TOTAL	4	7		213.82		30.55	.003	53.4		.09
MEDICAL	2	2		76.75		38.38	.001	38.3		.03
SURGERY	0	0		.00		.00	.000	.0		.00
PATHOLOGY	1	2		30.93		15.47	.001	30.9		.01
RADIOLOGY	1	1		39.72		39.72	.000	39.7		.02
ROOM USE	2	2		66.42		33.21	.001	33.2		.03
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	-	MONTH-OF		EPORT F					PAGE 17,275
MOP024	FEE-FOR-SERVICE/DENTA					JIC J/111 2				01/29/04
TULARE COUNTY	SUMMARY OF SERVICES F		ES- TOTAL	IN PA-TOTA	AL					01, 10, 01
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				_		M	ONTHLY AVE	RAGE	

----- MONTHLY AVERAGE -----2,404 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			סיות	IINITT/DAV	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	329	1,532	\$	340,799.56	\$	222.45			1035.86		141.76
COMM HOSP INPATIENT TOTAL	58	193	Y	304,265.70		1576.51	.080	Y	5245.96	Y	126.57
HSC HOSPITALS	7	50		67,325.00		1346.50	.021		9617.86		28.01
NON-HSC HOSPITALS TOTAL	17	75		210,410.57		2805.47	.031		12377.09		87.53
ACCOMMODATIONS	17	75 75		39,048.55		520.65	.031		2296.97		16.24
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	16	74							2426.08		
ALL OTHER ACCOM	17	0		38,817.25		524.56	.031				16.15
ANCILLARIES				171,362.02		.00	.000		10080.12		71.28
INPATIENT CROSSOVERS	34	68		26,530.13		390.15	.028		780.30		11.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	277	1,339		36,533.86		27.28	.557		131.89		15.20
MEDICAL	59	81		4,282.28		52.87	.034		72.58		1.78
SURGERY	14	_16		1,055.55		65.97	.007		75.40		.44
PATHOLOGY	97	503		5,564.47		11.06	.209		57.37		2.31
RADIOLOGY	77	108		10,274.08		95.13	.045		133.43		4.27
ROOM USE	108	150		6,271.37		41.81	.062		58.07		2.61
CROSSOVERS/ALL OTH OUTPTNT	124	481		9,086.11		18.89	.200		73.28		3.78
@STATE HOSPITAL	13	533	\$	264,336.12	\$	495.94	.222	\$	20333.55	\$	109.96
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	13	533		264,336.12		495.94	.222		20333.55		109.96
@NURSING FACILITY	723	18,816	\$	2,802,292.02	\$	148.93	7.827	\$	3875.92	\$	1165.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	44	1,264		713,135.62		564.19	.526		16207.63		296.65
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	682	17,552		2,089,156.40		119.03	7.301		3063.28		869.03
@INTERMEDIATE CARE FACILDD	75	2,022	\$	356,845.83	\$	176.48	.841	\$		Ś	148.44
ICF DDH	13	368	٧	54,762.56	Υ	148.81	.153	٧	4212.50	~	22.78
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	62	1,654		302,083.27		182.64	.688		4872.31		125.66
@HEMODIALYSIS TOTAL	18	23	\$	12,038.90	\$	523.43	.010	\$	668.83	\$	5.01
	0	0	Ą		Ą	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED	18	23		.00							
HEMODIALYSIS CENTER	0		d	12,038.90	à	523.43	.010	4	668.83	4	5.01
@REHABILITATION FACILITY		0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00		.00
@LABORATORY FACILITY	101	477	\$	5,340.33	\$	11.20	.198	Ş	52.87	\$	2.22
PATHOLOGY	93	460		4,803.10		10.44	.191		51.65		2.00
XO AND OTHERS	8	17		537.23		31.60	.007		67.15		.22
@ORGANIZED OUTPATIENT CLINIC	541	931	\$	79,308.94	\$	85.19	.387	\$	146.60	\$	32.99
CLINIC	1	5		188.55		37.71	.002		188.55		.08
SURGICENTER	8	43		1,644.95		38.25	.018		205.62		.68
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	532	883		77,475.44		87.74	.367		145.63		32.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 17,276
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES	- TOTAL IN PA-TOTA	AL						
							M	CNO	THLY AVERA	GE	
2,404 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	591	73,541	\$	95,011.07	\$	1.29	30.591	\$	160.76	\$	39.52
DURABLE MED. EQUIP.	86	262	•	22,911.37	•	87.45	.109		266.41		9.53
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	8	8		2,029.19		253.65	.003		253.65		.84
MEDICAL TRANSPORTATION	124	3,337		18,596.96		5.57	1.388		149.98		7.74
AMBULANCES/AIR TRANS	40	512		5,204.00		10.16	.213		130.10		2.16
OTHER TRANS	75	2,779		13,055.07		4.70	1.156		174.07		5.43
OTHER TIME	7.5	2,112		13,033.07		1.70	1.100		1,1.0/		5.45

OTHER SERVICES	14	46	337.89	7.35	.019	24.14	.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	14	1,249.19	89.23	.006	416.40	.52
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	97	215	2,611.80	12.15	.089	26.93	1.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	21	133.92	6.38	.009	16.74	.06
PROSTHETIST/ORTHOTISTS	6	15	1,591.89	106.13	.006	265.32	.66
PROSTHETICS	5	14	1,566.29	111.88	.006	313.26	.65
ORTHOTICS	1	1	25.60	25.60	.000	25.60	.01
PSYCHOLOGIST	1	25	40.00	1.60	.010	40.00	.02
SPEECH AND AUDIOLOGY	13	20	1,379.20	68.96	.008	106.09	.57
HOSPICE SERVICES	7	183	20,432.94	111.66	.076	2918.99	8.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	57	421	5,746.59	13.65	.175	100.82	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	231	69,020	18,288.02	.26	28.710	79.17	7.61
@CALIF. CHILDREN SERVICES*	80	789	\$ 64,610.45	\$ 81.89	.328	\$ 807.63	\$ 26.88
@XOVER EXCLUDING STATE HOSP**	553	6,363	\$ 95,527.38	\$ 15.01	2.647	\$ 172.74	\$ 39.74

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
TULARE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 17,277 01/29/04

1021112 0001111	0011111111 01 0111	.,1020 1011 101112 .		MONTHLY AVERAGE				
555 501			_			_		-
575,701 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	612,148	13,340,753	\$	352,783,598.03	\$ 26.44	23.173		
@PHYSICIANS SERVICES	88,416	340,161	\$	13,069,482.25	\$ 38.42	.591		
OUTPATIENT VISITS	39,413	74,904		2,830,590.41	37.79	.130	71.82	4.92
OFFICE VISITS	17,305	23,111		771,176.58	33.37	.040	44.56	1.34
HOME VISITS	138	193		8,256.06	42.78	.000	59.83	.01
EMERGENCY ROOM	15,032	18,074		1,078,976.47	59.70	.031	71.78	1.87
PREVENTIVE CARE	160	161		9,354.18	58.10	.000	58.46	.02
OB VISITS/COMPRE PERI	5,664	29,244		796,290.62	27.23	.051	140.59	1.38
OTHER OUTPATIENT	3,276	4,121		166,536.50	40.41	.007	50.84	. 29
INPATIENT VISITS	6,823	29,827		2,035,567.77	68.25	.052	298.34	3.54
HOSPITAL VISITS	5,875	22,239		1,001,015.12	45.01	.039	170.39	1.74
CRITICAL CARE	713	6,154		978,961.38	159.08	.011	1373.02	1.70
SNF/ICF/TRANS IP CARE	587	1,434		55,591.27	38.77	.002	94.70	.10
OPHTHALMOLOGICAL SERVICES	960	1,304		56,362.09	43.22	.002	58.71	.10
EXAMINATIONS	954	1,296		56,157.21	43.33	.002	58.87	.10
SERVICES AND MATERIALS	8	8		204.88	25.61	.000	25.61	.00
INPATIENT HOSPITAL SURGERY	5,731	22,130		2,960,914.91	133.80	.038	516.65	5.14
PRINCIPAL SURGEON	4,182	5,348		2,467,571.11	461.40	.009	590.05	4.29
ASSISTANT SURGEON	404	414		82,858.72	200.14	.001	205.10	.14
ANESTHESIOLOGIST	1,876	16,368		410,485.08	25.08	.028	218.81	.71
OUTPATIENT SURGERY	5,030	11,368		1,045,728.27	91.99	.020	207.90	1.82
PRINCIPAL SURGEON	4,181	5,423		890,631.32	164.23	.009	213.02	1.55
ASSISTANT SURGEON	24	28		4,274.84	152.67	.000	178.12	.01
ANESTHESIOLOGIST	1,267	5,917		150,822.11	25.49	.010	119.04	.26
DIALYSIS	432	1,610		136,527.26	84.80	.003	316.04	.24
PATHOLOGY	5,629	12,757		170,875.42	13.39	.022	30.36	.30
RADIOLOGY	18,028	34,367		1,132,624.92	32.96	.060	62.83	1.97
PSYCHIATRY	19	36		1,238.86	34.41	.000	65.20	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	1,458	21,149		695,466.04		32.88	.037		477.00		1.21
OTHER SERVICES/ALL X-OVERS	34,436	130,709		2,003,586.30		15.33	.227		58.18		3.48
@PHARMACY	213,757	2,684,861	\$	63,910,214.91	\$	23.80	4.664	\$	298.99	\$	111.01
PRESCRIPTION DRUGS	210,168	844,069		60,455,134.26		71.62	1.466		287.65		105.01
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	13,600	90,920		5,074,767.08		55.82	.158		373.14		8.81
OUTPATIENTS	197,203	753,149		55,380,367.18		73.53	1.308		280.83		96.20
MEDICAL SUPPLIES	24,800	1,840,792		3,455,080.65		1.88	3.197		139.32		6.00
@DENTIST	65,876	385,728	\$, .,	\$	33.13	.670	\$	193.98	\$	22.20
VISITS - DIAGNOSTIC	45,916	247,680		2,995,069.49		12.09	.430		65.23		5.20
ORAL SURGERY	10,277	23,271		1,417,412.79		60.91	.040		137.92		2.46
DRUGS	281	388		6,657.50		17.16	.001		23.69		.01
ANESTHESIA	1,671	2,348		159,628.00		67.98	.004		95.53		.28
PERIODONTICS	3,700	3,958		483,917.83		122.26	.007		130.79		.84
ENDODONTICS	6,092	10,402		1,482,522.35		142.52	.018		243.36		2.58
RESTORATIVE DENTISTRY	24,013	80,493		4,788,260.41		59.49	.140		199.40		8.32
PROSTHETICS	273	298		7,123.00		23.90	.001		26.09		.01
DENTURES, STAYPLATES	2,551	7,865 721 834		832,354.05		105.83	.014		326.29		1.45
SPACE MAINTAINERS	580	721		74,149.93		102.84	.001		127.84 107.39		.13
MAXILLOFACIAL SERVICES	804	834		86,344.55		105.83 102.84 103.53	.001		107.39		.15
FRACTURES, DISLOCATIONS	7	14		9,825.00		101.19	.000		1403.57		.02
ORTHODONTIC SERVICES	4,098	5,102		432,069.16		84.69	.009		105.43		.75
ALL OTHER SERVICES	2,150	2,354	_~	3,247.00		1.38	.004	~	1.51	_	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT R	EPOR.	T FOR JAN	2003 THRU I	DEC	2003	Ρ.	AGE 17,278
MOP024	FEE-FOR-SERVICE										01/29/04
TULARE COUNTY	SUMMARY OF SERV	ICES FOR TOTAL C	EK.I.T	FIED			14/	`NTITI		αп	
575,701 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	71.7.7	ERAGE COST	M(COST PER
2/2,/01 FFIGIRFF2	USERS			EXPENDITORES		R UNIT/DAY		>	USER		ELIGIBLE
@OPTOMETRIST	8,549	OR DAYS OF CARE 23,326	\$	503,094.08	\$	21.57	.041	ė.	58.85		.87
DIAGNOSTIC AND ANC. PROCED	3,954	4,035	Ą	186,134.54	Ą	46.13	.007	Ą	47.07	Ą	.32
EYE APPLIANCES	6,004	17,140		281,098.25		16.40	.030		46.82		.49
	. ,	2,151		35,861.29		16.67	.004		25.69		.06
@CHIROPRACTOR	1 619	2,823	\$		\$	16.11	.005	¢	28.09	Ċ	.08
VICION	1 426	2,495	Ÿ	41,653.25	Ų	16.69	.004	Ÿ	29.21	Ÿ	.07
OTHER SERVICES	198	328		3,832.46		11.68	.001		19.36		.01
@PODIATRIST	3 586	7,085	\$		\$	10.39	.012	Ś	20.54	Ś	.13
MEDICINE / INJECTIONS	475	539	٧	15,857.85	Υ	29.42	.001	٧	33.38	~	.03
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	36	40		3,481.98		87.05	.000		96.72		.01
RADIO / PATHOLOGY	66	100		1,199.05		11.99	.000		18.17		.00
OTHER	3.097	6,406		53,103.47		8.29	.011		17.15		.09
@HOME HEALTH AGENCY	1.186	37,134	\$	1,216,561.62	\$	32.76	.065	Ś	1025.77	\$	2.11
NURSE ANESTHESIST	204	1,588	\$	23,211.15	\$	14.62	.003			Ė	.04
NURSE MIDWIFE	0	. 0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1	2	\$	49.52	\$	24.76	.000		49.52		.00
FAMILY NURSE PRACTITIONER	50	109	\$	3,152.53	\$	28.92	.000	\$	63.05	\$.01
@TOTAL HOSPITAL	54,681	294,571	\$		\$	242.69			1307.40	\$	124.18
HOSP INPATIENT TOTAL	10,498	52,107	•	64,690,822.55	•	1241.50	.091	-	6162.20	-	112.37
		13,540		20,755,734.42		1532.92	.024		11595.38		36.05
NON-HSC HOSPITAL TOTAL	6,445	28,256		42,002,895.20		1486.51	.049		6517.13		72.96
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	6,311	28,256		10,879,167.79		385.02	.049		1723.84		18.90
ADMINISTRATIVE DAYS	55	339		72,880.49		214.99	.001		1325.10		.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6,275	27,917		10,806,287.30		387.09	.048		1722.12		18.77
AMOTITADIEC	6 120	· 0		21 122 727 41		0.0	000		1021 20		E4 06

0

10,311

242,464

14,586

4,021

86,397

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

6,438

2,349

46,796

8,218

3,168

19,783

31,123,727.41

1,932,193.08

6,799,267.93

1,054,599.60

653,496.65 241,133.41

.15CR

.00

.00

28.04

44.80

59.97

12.21

187.39

4834.38

822.56

145.30

79.52

76.12

53.31

.08CR

.000

.018

.000

.421

.025

.007

.150

54.06

11.81

1.14

.42

1.83

3.36

.00

RADIOLOGY ROOM USE	12,283 21,849	17,952 31,165	1,314,448.90 1,286,976.25	73.22 41.30	.031	107.01 58.90	2.28 2.24
CROSSOVERS/ALL OTH OUTPTNT	22,024	88,343	2,248,613.12	25.45	.153	102.10	3.91
@COUNTY HOSPITAL TOTAL	532	3,550	\$ 866,672.35	\$ 244.13	.006	\$ 1629.08	\$ 1.51
CO HOSPITAL INPATIENT TOTAL	80	665	779,547.29	1172.25	.001	9744.34	1.35
HSC HOSPITALS	78	633	775,040.29	1224.39	.001	9936.41	1.35
NON-HSC HOSPITALS TOTAL	1	1	2,855.00	2855.00	.000	2855.00	.00
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,623.70	.00	.000	2623.70	.00
INPATIENT CROSSOVERS	2	31	1,652.00	53.29	.000	826.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	475	2,885	87,125.06	30.20	.005	183.42	.15
MEDICAL	155	223	7,812.31	35.03	.000	50.40	.01

SURGERY	35	112	23,017.01	205.51	.000	657.63	.04
PATHOLOGY	145	1,032	10,755.74	10.42	.002	74.18	.02
RADIOLOGY	81	106	8,406.97	79.31	.000	103.79	.01
ROOM USE	247	451	16,833.81	37.33	.001	68.15	.03
CROSSOVERS/ALL OTH OUTPTNT		961	20,299.22	21.12	.002	110.32	.04
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S MONTH-OF-PAYMENT RE				PAGE 17,279
MOP024	FEE-FOR-SERVICE						01/29/04
TULARE COUNTY		VICES FOR TOTAL CER	RTIFIED				. , . , .
					MO	NTHLY AVERAG	E
575,701 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54,224	291,021	70,623,418.13	\$ 242.67	.506	\$ 1302.44	\$ 122.67
COMM HOSP INPATIENT TOTAL	10,421	51,442	63,911,275.26	1242.39		6132.93	111.01
HSC HOSPITALS	1,714	12,907		1548.05	.022		34.71
NON-HSC HOSPITALS TOTAL	6,444		42,000,040.20	1486.46	.049	6517.70	72.95
ACCOMMODATIONS	6,310	28,255	10,878,936.49			1724.08	18.90
ADMINISTRATIVE DAYS		338	72,649.19	214.94	.001	1345.36	.13
TRANSITIONAL IP CARE	0 6,275	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6,275	27,917	10,806,287.30	387.09	.048	1722.12	18.77
ANCILLARIES	6,437	0	31,121,103.71	.00	.000	4834.72	54.06
INPATIENT CROSSOVERS	2,347	10,280	1,930,541.08		.018	822.56	3.35
ALL OTHER INPATIENT	2	0	.15CF		.000	.08CR	
COMM HOSP OUTPATIENT TOTAL	46,388	239,579		28.02		144.70	11.66
MEDICAL	8,067		645,684.34	44.95		80.04	1.12
SURGERY	3,135	3,909	218,116.40			69.57	.38
PATHOLOGY	19,654	85,365	1,043,843.86	12.23		53.11	1.81
RADIOLOGY	12,215	17,846	1,306,041.93	73.18		106.92	2.27
ROOM USE	21,629	30,714	1,270,142.44	41.35	.053	58.72	2.21
CROSSOVERS/ALL OTH OUTPTNT	21,849	87,382	2,228,313.90	25.50	.152	101.99	3.87
@STATE HOSPITAL	5,981	- ,	81,198,416.97	•		\$ 13576.06	•
MENTALLY ILL	19	405	202,328.34	499.58	.001	10648.86	.35
DEVELOP. DISABLED	5,962	184,552	80,996,088.63	438.88	.321		140.69
@NURSING FACILITY	13,136	/	45,332,564.09			\$ 3451.02	•
LEV A-INTERMEDIATE	14	402	33,597.23	83.58	.001	2399.80	.06
LEV B-REHAB MD	22	670	78,919.86	117.79	.001	3587.27	.14

SURGERY	3,135	3,909		218,116.40		55.80	.007		69.57		.38
PATHOLOGY	19,654	85,365		1,043,843.86		12.23	.148		53.11		1.81
RADIOLOGY	12,215	17,846		1,306,041.93		73.18	.031		106.92		2.27
ROOM USE	21,629	30,714		1,270,142.44		41.35	.053		58.72		2.21
CROSSOVERS/ALL OTH OUTPINT		87,382		2,228,313.90		25.50	.152		101.99		3.87
@STATE HOSPITAL	5,981	184,957	\$	81,198,416.97	\$	439.01	.321	\$	13576.06	\$	141.04
MENTALLY ILL	19	405		202,328.34		499.58	.001		10648.86		.35
DEVELOP. DISABLED	5,962	184,552					.321		13585.39		140.69
@NURSING FACILITY	13,136	367,921	\$	45,332,564.09	\$	123.21	.639	\$	3451.02	\$	78.74
LEV A-INTERMEDIATE	14	402		33,597.23		83.58	.001		2399.80		.06
LEV B-REHAB MD	22	670		78,919.86			.001		3587.27		.14
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	433	14,709		.00 8,124,301.85		552.34	.026		18762.82		14.11
LEV B-TRANSITIONAL IP CARE	0	14,709 0 352,140		.00		.00	.000		.00		.00
LEV B-REGULAR	12,689	352,140					.612		2923.46		64.44
@INTERMEDIATE CARE FACILDD	1,001	33,100	\$	8,859,405.82					4910.98		15.39
ICF DDH	674	20,759		2,827,502.50		136.21	.036		4195.11		4.91
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN		34,429					.060		5333.25		
@HEMODIALYSIS TOTAL	2,034	36,316	\$.063				3.51
HOSPITAL BASED	14	37		53,602.79			.000		3828.77		.09
HEMODIALYSIS CENTER		36,279		1,965,187.55			.063		972.87		
@REHABILITATION FACILITY	399	2,961	\$	77,030.63			.005			\$.13
HOSPITAL BASED	379	2,634		71,420.50			.005		188.44		.12
INDEPENDENT FACILITY	20	327		5,610.13			.001		280.51		.01
@LABORATORY FACILITY		66,129	\$, ,			.115			\$	2.01
PATHOLOGY	19,932	65,013		1,144,846.54		17.61	.113		57.44		1.99
XO AND OTHERS	628	1,116		11,586.17			.002		18.45		.02
	272,920	426,042					.740			\$	67.75
CLINIC	214	889		23,094.22			.002		107.92		.04
SURGICENTER	665	2,263		126,954.88		56.10	.004		190.91		.22
HEROIN DETOX CLINIC	40	403		4,632.44			.001		115.81		.01
	272,173	•		38,846,929.24			.734		142.73		67.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT F	REPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 17.280

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 17,280

01/29/04

RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

575,701 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	109,788	8,423,851	\$	12,025,781.03	\$ 1.43	14.632	\$ 109.54	\$ 20.89
DURABLE MED. EQUIP.	3,899	20,266		2,791,524.81	137.74	.035	715.96	4.85
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1,066	1,583		325,053.28	205.34	.003	304.93	.56
MEDICAL TRANSPORTATION	8,709	382,541		2,012,773.50	5.26	.664	231.11	3.50
AMBULANCES/AIR TRANS	4,780	75,036		861,058.84	11.48	.130	180.14	1.50
OTHER TRANS	3,576	300,193		970,965.93	3.23	.521	271.52	1.69
OTHER SERVICES	764	7,312		180,748.73	24.72	.013	236.58	.31
ACUPUNCTURE	50	75		1,540.80	20.54	.000	30.82	.00
ADULT DAY HEALTH CARE CTR	81	1,167		80,723.11	69.17	.002	996.58	.14
GENETIC DISEASE TESTING	3,332	3,342		346,527.75	103.69	.006	104.00	.60
IHMC, MODEL-NF, NF, AIDS, MSSP	1,533	13,393		685,421.04	51.18	.023	447.11	1.19
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	17,668	38,960		441,587.45	11.33	.068	24.99	.77
PHYSICAL THERAPIST	66	295		11,818.88	40.06	.001	179.07	.02
PORTABLE X-RAY	269	543		3,220.00	5.93	.001	11.97	.01
PROSTHETIST/ORTHOTISTS	1,735	4,408		314,837.38	71.42	.008	181.46	.55
PROSTHETICS	1,149	3,592		242,009.70	67.37	.006	210.63	.42
ORTHOTICS	772	816		72,827.68	89.25	.001	94.34	.13
PSYCHOLOGIST	213	1,189		52,639.15	44.27	.002	247.13	.09
SPEECH AND AUDIOLOGY	1,238	3,464		224,912.57	64.93	.006	181.67	.39
HOSPICE SERVICES	193	5,140		555,088.57	107.99	.009	2876.11	.96
NONINST BIRTHING CENTERS	2	29		251.16	8.66	.000	125.58	.00
LOCAL EDUCATION AGENCIES	54,819	224,123		1,875,007.69	8.37	.389	34.20	3.26
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20,495	7,723,333		2,302,853.89	.30	13.416	112.36	4.00
@CALIF. CHILDREN SERVICES*	13,798	569,408	\$	23,728,132.70		.989	\$ 1719.68	\$ 41.22
@XOVER EXCLUDING STATE HOSP**	49,819	742,165	\$	7,835,505.88	\$ 10.56	1.289	\$ 157.28	\$ 13.61

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.